

Complete A Supplemental Application For Each Location

Insured Information

Insured Name:

Policy Effective Date:	Contact:	Phone:	
Inspection Contact:	Inspection Contact Phone:	Inspection Contact Email:	
Location Address:	City:	State:	Zip:

1. During the past five years any filings regarding bankruptcy, foreclosure, or receivership? Yes No

Location Information

- 1. Retail operations or permits customers on premises? Yes No
- 2. Any operations as a merchandise liquidation facility? Yes No
- 3. Any sales or distribution of used, salvaged, antique, memorabilia, or other collectible items? Yes No
- 4. Any sales or distribution of goods from manufacturers that do not maintain Products/Completed Operations Liability limits of at least \$1M/\$2M and name the insured as an additional insured? Yes No
- 5. Any operations involving designing, altering, assembling, enhancing, repackaging, labeling, or relabeling of products? Yes No
- 6. Warehousing or storage of goods?
If Yes – Maximum storage height does not exceed 15 feet. In addition, storage racks are positioned a minimum of 18 inches below overhead sprinklers at their highest level? Yes No
- 7. Forklifts or other mobile equipment used to handle goods?
If Yes – Employees or subcontractors handling the equipment are fully trained, and customers or other 3rd parties are prohibited from entering areas where mobile equipment is being operated. In addition, all mobile equipment is equipped with alarms for backing up, etc? Yes No
- 8. Demolition scheduled or contemplated? Yes No
- 9. Sprinkler covering 100% of the building? Yes No
- 10. Any Exterior Insulation Finishing System (EIPS)? Yes No
If Yes _____ %
- 11. Marijuana sales, distribution, or growing? Yes No
- 12. Imports products directly from foreign countries? Yes No
- 13. Freight forwarding operations? Yes No
- 14. Any sales, distribution or storage of fireworks, pyrotechnics, firearms or any other weapons? Yes No
- 15. Any handling of raw materials, oil & gas, chemicals, or other flammable or combustible items (other than common household items)? Yes No
- 16. Rental of equipment to others? Yes No
- 17. Any pick up or drop off of goods offsite?
If Yes – The Insured does not stock shelves or setup and merchandise displays on customer premises. In addition the Insured does not make deliveries via the same entrance/exit used by customers or other 3rd parties? Yes No

18. Subcontractors? Yes No
If Yes – The Insured has a written contract in place for all services and is named as an additional insured on the subcontractor's General Liability policy. In addition the subcontractor carries a minimum of \$1M/\$2M General Liability limits and the insured obtains certificates of insurance? Yes No
19. Builder's Risk exposure? Yes No
20. No smoking policy on premises? Yes No
21. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes No
22. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes No
23. All plumbing PVC or Copper? Yes No
24. Any cold storage? Yes No

Other Exposures

Describe any other exposures:

Fraud Warning Statements

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent statement for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Fraud Warning Statements, continued

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person file an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Warranty Statement: The applicant represents and warrants that the information provided in this Application, and any amendments or modifications to this Application are true, correct, and complete, and that no material facts have been misstated in this Application or concealed. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. Completion of this Application does not bind coverage. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Signatures

I have reviewed this application for accuracy before signing it. As a condition for coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated.

Applicant's Signature:	Date:
Applicant Name's (Please Print):	Title:
Producer's Signature:	Date:
Producer's Name (Please Print):	Title: