

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
2. Is the insured the owner? Yes No
3. If not the owner, is the insured the property manager, lienholder, receiver, or other? Yes No N/A
If other, describe:

Location Information

1. Builder's Risk exposure? Yes No
2. Swimming pools? Yes No
3. Other water hazards such as ponds, lakes, reservoirs, etc.? Yes No
If Yes – Describe:
4. Any prior farm exposures, barns etc.? Yes No
If Yes – Describe:
5. Any attractive nuisances such as playgrounds, disabled automobiles, equipment, other? Yes No
If Other – Describe:
6. Any operations occurring on premises? Yes No
If Yes – Describe:
7. Does anyone check on the property? Yes No
If Yes – How often?

Complete This Section For Vacant Building

1. Length of vacancy: _____
2. Vacant Building? Yes No
3. Acres of land: _____
4. Was the risk originally built as a factory? Yes No
5. Any unsecured building entrances or exits? Yes No
6. Has the building been condemned? Yes No

7. Demolition scheduled or contemplated? Yes No
8. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes No
9. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes No
10. All plumbing PVC or Copper? Yes No
11. Any fireworks storage or sales? Yes No
12. Any Exterior Insulation Finishing System (EIPS)? Yes No
If Yes _____ %
13. Existing property damage? Yes No
14. Renovations? Yes No
If Yes – Structural? Yes No
Description and Costs:
15. Have Renovations / Construction started? Yes No

Complete This Section For Vacant Land

1. Acres of land: _____
2. Acres of any water exposure: _____
3. Structures on the land: Yes No
If Yes – Describe:
4. Activities occurring on the land: Yes No
If Yes – Describe:
3. Has development occurred? Yes No
If Yes – Describe:

Hired And Non-Owned Auto Liability Coverage Needed? Yes No

1. Owned autos? Yes No
2. Autos on a long-term lease? Yes No
3. Autos titled in the insured's name? Yes No

Other Exposures

Describe any other exposures:

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