

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:

During the past five years any filing regarding bankruptcy, foreclosure, or receivership? Yes No

Location Information

1. Is the Insured a Not for Profit Organization: Yes No
2. Demolition scheduled or contemplated? Yes No
3. Builder's Risk exposure? Yes No
4. Any unrepaired property damage? Yes No
5. Any Exterior Insulation Finishing System (EIPS)? Yes No
If Yes _____ %
6. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes No
7. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes No
8. All Plumbing PVC or Copper? Yes No
9. Any exposure to marijuana storage? Yes No
10. Any warehousing of fuel or oil & gas product? Yes No
11. Any warehousing of fireworks, ammunition, fertilizer, or nuclear material? Yes No
12. Any warehousing of explosives or other flammable or combustible materials? Yes No
13. Is this risk a grain or cotton mill? Yes No
14. Is this risk an airplane hanger or used for airplane storage? Yes No
15. Is this risk a mini-warehouse? Yes No
16. Any direct importing of products? Yes No
17. Any exposure to pick up / drop off, or packing operations? Yes No
18. Is this risk a cold storage warehouse? Yes No
19. Any Lessor's Risk exposures that are more than 50% of the total occupancy? Yes No
If Yes – Complete the Lessor's Risk Supplemental application.

Warehouse Type

Full description of the type of warehouse including a description of items stored.

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