

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. Insured the owner? Yes No

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

3. Is the Insured a Not for Profit Organization: Yes No

4. Any exposure to Special Events with alcohol, amusement devices or inflatables? Yes No

5. Building over two stories?
If Yes – At least two means of egress from each unit? Yes No
Yes No

6. Demolition scheduled or contemplated?
If Yes _____ % Yes No

7. Builder's Risk exposure? Yes No

8. Any unrepaired property damage? Yes No

9. Any aerial drones, tanning beds, or medi-spas? Yes No

10. Any procedures performed under anesthesia? Yes No

11. Renovations? Yes No
If Yes Structural? Yes No
Description and Costs:

12. Any Lessor's Risk exposures within the owned building that are more than 50% of the total square footage? Yes No
If Yes Complete the Lessor's Risk Supplemental application.

13. Any Exterior Insulation Finishing System (EIPS)? Yes No
If Yes _____ %

14. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes No

15. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes No

16. All plumbing PVC or Copper? Yes No

17. Any habitation occupancies or overnight exposure? Yes No

18. Fireworks stored or sold on premises? Yes No

Office Type

- 1. Insurance Agents? Yes No
- 2. Lawyer's Office? Yes No
- 3. Medical Office? Yes No
- 4. Real Estate Agents? Yes No
- 5. Contractors Office? Yes No
- 6. Office Other: Yes No
If Yes – Describe:

- 7. Office – Occupied by Employees of the Insured: Yes No
If Yes – Describe:

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

Not available for Insurance Agents, Lawyers, Medical Offices, or Real Estate Agents

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