

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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Lawyer's Office? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Medical Office? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Real Estate Agents? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Contractors Office? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Office Other:
If Yes – Describe: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Office – Occupied by Employees of the Insured:
If Yes – Describe: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Autos on a long-term lease? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Autos titled in the insured's name? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. 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 JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

ADDITIONAL NOTICE TO NEW YORK COMMERCIAL AUTO 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, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Fraud Warning Statements, continued

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an 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.

NOTICE TO PENNSYLVANIA 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 there to, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ADDITIONAL NOTICE TO PENNSYLVANIA COMMERCIAL AUTO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.

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, fines 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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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: