

MANUFACTURING, PROCESSING, CONTRACTING OR SERVICING

1. Describe operations & equipment _____
2. How long in business? _____ Do you have any other operations not described? _____
3. Are accounting records well kept? _____ Where can audit be made? _____
4. Does applicant draw plans, designs, specifications? _____
5. Does applicant lease equipment to others with or without operators? _____
6. Any work done by contractors or subcontractors? _____
7. Are certificates of insurance required from subcontractors? _____
8. Is any blasting done? _____ Is any excavation or underground work done? _____ If so, describe under Remarks Section.
9. (a) How many employees including owners, partners and officers? _____
 (b) How many employees other than partners, owners and officers? _____
 (c) What was total payroll for all officers and all employees for past year? _____
 (d) What was total gross receipts from all operations for previous year? _____
10. Complete the following for all Owners, Partners, Corporate Officers (attach listing if inadequate space)

Name	Title & Duties	Payroll

MERCANTILE, BUILDING OR PREMISES

1. Is insured owner, lessee or tenant? _____
2. What portion does insured occupy? _____
3. For what purpose? _____
4. If insured does not use the entire premises how is remainder occupied?

5. Number of stories excluding basement? _____
6. Area of bldg. (sq. ft.)? _____ Frontage (in ft.) _____
7. Construction of bldg? _____ Approximate age? _____
8. Does public have access to basement? _____ For what purpose?

9. Basement area (square feet) _____
10. Is property multi-family rental (more than 2 family)? G Yes G No If yes, have smoke detectors been installed? G Yes G No Are they checked periodically to determine if in working condition? G Yes G No

PRODUCTS/COMPLETED OPERATIONS

Product	Annual Sales or Receipts	No. of Units	Time in Market	Expected Life	Intended Use	Principal Components

#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No
1	Does applicant install, service or demonstrate product?	G	G	6	Products recalled, discontinued, changed?	G	G
2	Foreign products sold, distributed, used as components?	G	G	7	Products of others sold or re-packaged under applicant label?	G	G
3	Research and development conducted or new products planned?	G	G	8	Products under label of others?	G	G
4	Guarantees, warranties, hold harmless agreements?	G	G	9	Vendors coverage required?	G	G
5	Products related to aircraft/space industry?	G	G				

For products sold or distributed, please attach literature, brochures, labels, warnings, etc.

ADDITIONAL INTEREST – CERTIFICATE OF INSURANCE

#	NAME AND ADDRESS	INTEREST	CERT
1			G
2			G

LOSS INFORMATION

Insurance Company	Effective Date	Expiration Date	Premium Paid	Number of Claims	Total \$ Amount of All Claims Paid and in Reserve

Give full details of all claims paid or outstanding _____

Is any insured aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

Has any prior insurance been cancelled or renewal refused? Yes No If yes, explain under Remarks Section.

REMARKS**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

The Applicant agrees that any inspection of equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

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.

 Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote

Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
 (Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

 Applicant's Representative's Name and Address Phone No.