

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQFT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
ADVERTISERS LIABILITY			POLLUTION LIABILITY EPA#:		
1. MEDIA USED: ANNUAL COST: \$			20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?					
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?					
AIRCRAFT LIABILITY			21. INDICATE THE COVERAGES CARRIED:		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?			<input type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION	
AUTO LIABILITY			<input type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?			<input type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT	
6. ARE PASSENGERS CARRIED FOR A FEE?			<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?			PRODUCT LIABILITY		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?			22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?			23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		
CONTRACTORS LIABILITY			24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?			25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):			26. GROSS SALES FROM EACH OF LAST 3 YEARS:		
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):			\$	\$	\$
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?			PROTECTIVE LIABILITY		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?			27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
EMPLOYERS LIABILITY			WATERCRAFT LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?			28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:			# OWNED	LENGTH	HORSEPOWER
INCIDENTAL MALPRACTICE LIABILITY			APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?			# STORIES	# UNITS	# SWIMMING POOLS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?					# DIVING BOARDS
19. INDICATE # OF DOCTORS: NURSES: BEDS:					

REMARKS **VEHICLES**

	TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
	PRIVATE PASSENGER							
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX. HEAVY							
	BUSES							

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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [N] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA: 1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.	APPLICANT'S SIGNATURE	DATE
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