

Carrier:

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# Hotel/Motel Supplemental Application

Complete in addition to Acord Applications

NAME OF APPLICANT \_\_\_\_\_

Location Address: \_\_\_\_\_

## I. ACCOUNT INFORMATION

1. Operations:  Hotel  Motel  Bed and breakfast  Resort  Dude ranch  Cabins  
 Other (describe) \_\_\_\_\_

2. Years in business: \_\_\_\_\_ Years of hotel management experience: \_\_\_\_\_

3. Franchise:  Yes  No If "Yes," please list franchise affiliation: \_\_\_\_\_

4. Description of management:  Owner/Operator  Corporate owned and operated  
 Corporate owned - operation has been sub-contracted to others  
 Other \_\_\_\_\_

5. Total annual receipts and occupancy rates:

	Full Prior Year	Estimated Current Year	Estimated Next Year
Room Receipts	\$ _____	\$ _____	\$ _____
Occupancy Rate	% _____	% _____	% _____

6. Number of rooms: \_\_\_\_\_

7. Average room rate: \$ \_\_\_\_\_ per night

8. Room access:  Interior  Exterior

9. Rooms rented by the:  Hour  Day  Week  Month

10. Are guests permitted to rent rooms for over four consecutive weeks?  Yes  No

11. Number of months opened each year: \_\_\_\_\_ months

12. Is there a manager or acting manager on duty at all times?  Yes  No

13. Does management have written procedures regarding emergencies, guest safety and incident reports, and are all employees trained on them?  Yes  No

14. Is any internal or external building maintenance (e.g. landscaping and/or snow removal) performed by an outside contractor?  Yes  No

If "Yes," please check all that apply:

- Certificates of insurance are obtained
- Applicant requires general liability coverage with limits of at least \$1,000,000
- Applicant is listed as an additional insured on subcontractor's policy

15. Have there been any arrests at your location in the past year?  Yes  No

If "Yes," please provide details: \_\_\_\_\_

16. Have there been any assault or battery incidents at your location in the past year?  Yes  No

If "Yes," please provide details: \_\_\_\_\_

17. What is your policy on pets in guest rooms? \_\_\_\_\_

18. What is your policy on smoking? \_\_\_\_\_

19. What are your procedures for securely storing guests' valuables if requested? \_\_\_\_\_

## II. BUILDING INFORMATION/PROTECTION:

20. Number of stories? \_\_\_\_\_
21. If over three stories, are all interior stairwells equipped with self-closing/locking fire doors?  N/A  Yes  No
22. Is building(s) fully sprinklered?  Yes  No % Sprinklered \_\_\_\_\_
23. How often is sprinkler system checked by licensed contractor?  Annually  Semi-Annually  Other: \_\_\_\_\_
24. Is the building(s) equipped with a central station fire alarm?  Yes  No
25. Is functioning and operational emergency lighting in place in all hallways and common areas?  Yes  No
26. If the building was built prior to 1978, is all wiring on functioning and operational circuit breakers and without aluminum or knob and tube wiring?  N/A  Yes  No
27. Are all doors other than the main entrance accessible only with a guest key?  Yes  No  
If "No," please explain: \_\_\_\_\_
28. Types of security:  Cameras  Guards  Alarm System  Central Station Burglar Alarm  
If "Guards," are they:  Employees  Contracted  Armed
29. Is there any renovation work to the building now or planned for the next 12 months?  Yes  No  
If "Yes," please provide details: \_\_\_\_\_

## III. EMPLOYEE INFORMATION

30. Are pre-employment checks, including criminal background checks, run on all new hires?  Yes  No
31. How many employees are on duty at the front desk between 10 p.m. and 6 a.m.? \_\_\_\_\_
32. How often are all cash and checks removed from the premises for deposit? \_\_\_\_\_
33. Are all checks marked "for deposit only" and countersigned?  Yes  No

## IV. ROOM INFORMATION

34. Room entry type:  Metal keys  Electronic key card  Other: (describe) \_\_\_\_\_
- a. Are room numbers displayed on keys?  Yes  No
- b. Are locks changed immediately if keys are not returned?  Yes  No
- c. Are electronic card keys reprogrammed after check-out?  Yes  No
35. Security measures on guest doors: (Check all that apply)  Peep holes  Dead bolts  Door chains  Self-closing door
36. Do adjoining room doors have deadbolt locks?  Yes  No
37. Is an evacuation plan posted in all guest rooms?  Yes  No
38. What type of smoke detectors are in each unit?  Hard wired  Battery operated  none
39. Do sliding glass doors have security bars or poles within door tracks?  N/A  Yes  No
40. Do any rooms have a balcony?  Yes  No
41. Do any guest rooms have cooking equipment? (stove, oven)  Yes  No  
If "Yes," are functioning and operational fire extinguishers readily available?  Yes  No
42. Are there non-slip surfaces and/or grab bars in all tub/shower areas?  Yes  No

## V. GUEST AMENITIES

	Yes/No	Open to Public?	Hotel Owned and Operated?	Annual Receipts, If Any	Square Footage
Banquets/Catering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Conference Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Convention Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Drugstore/Gift Shop/Convenience Store	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor: \$ _____ Other: \$ _____	_____ ft.

	Yes/No	Open to Public?	Hotel Owned and Operated?	Annual Receipts, If Any	Square Footage
Exercise Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Laundry/Dry Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Onsite Shuttle Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	N/A
Pools	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	# pools _____	N/A
Restaurant/Bar/Lounge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food: \$ _____ Liquor: \$ _____	_____ ft.
Spas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Sports Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	# courts _____	_____ ft.

43. If amenities above are provided on the premises by entity other than hotel:  N/A
- a. Are certificates of insurance obtained?  Yes  No
- b. Does Applicant require general liability insurance coverage with limits of at least \$1,000,000?  Yes  No
- c. Is Applicant required to be listed as an additional insured?  Yes  No
44. Are there any marina operations, boating, golf courses, horseback riding, ski slopes or air strips on premises?  Yes  No
45. Are there any casinos or gambling operations, other than gaming or slot machines, on premises?  Yes  No

#### VI. POOL INFORMATION N/A

46. Number of swimming pools: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Rooftop
47. Who maintains the pool(s)?  Applicant  Outside contractor
48. What are the pool hours? \_\_\_\_\_
49. Are outdoor pools fenced with self-closing/latching gates?  N/A  Yes  No
50. Is a "key" or other authorization necessary for access to all indoor pools?  N/A  Yes  No
51. Has the pool been retrofitted with an anti-vortex drain cover?  Yes  No
52. Are depth markers clearly identified?  Yes  No
53. Are there any diving boards or slides?  Yes  No
54. Are warning signs, rules, and hours posted in a visible area?  Yes  No
55. Is there a lifeguard on duty at all times when the pool is open?  Yes  No
- If "Yes," are lifeguards Red Cross certified?  Yes  No
56. Are life rings or buoys provided?  Yes  No
57. Are there any hot tubs? If "Yes":  Yes  No
- a. Are there warning labels?  Yes  No
- b. What is the maximum exposure time? \_\_\_\_\_
- c. Is there a timer with an automatic shut-off switch?  Yes  No

#### VII. EXERCISE ROOM N/A

58. Is a "key" or other authorization necessary for access?  Yes  No
59. Hours of operation: \_\_\_\_\_
60. Check all applicable items:  Jacuzzi  Sauna/Steam room  Sports courts  Tanning booth  
 Free weights  Nautilus machines  Other: \_\_\_\_\_
61. Are rules, machine instructions, safety guidelines, and warnings (regarding pregnancy, alcohol, medications, etc.) clearly posted?  Yes  No
62. Is regularly scheduled maintenance performed on exercise machines?  Yes  No
63. Are incident reports compiled for all injuries?  Yes  No
64. Do saunas have emergency shutoff?  N/A  Yes  No

### VIII. RESTAURANT/BAR/LOUNGE N/A

65. What are the hours of operation? \_\_\_\_\_
66. Does Applicant offer buffet-style dining?  Yes  No
67. Does Applicant serve uncooked seafood?  Yes  No
68. Is there any commercial cooking on premises? (commercial cooking grills, deep fat fryers, commercial stoves, open flame cooking) If "Yes":  Yes  No
- a. Is the cooking area NFPA 96 compliant?  Yes  No
- b. Is there a deep fat fryer on the premises?  Yes  No
- c. What type of system?  Wet  Dry
- d. Does all cooking equipment have an in-force cleaning contract?  Yes  No
- e. Are functioning and operational fire extinguishers readily available?  Yes  No
69. How often are ducts cleaned under contract?  Monthly  Quarterly  Semi-Annually  Other \_\_\_\_\_
70. Does Applicant offer live entertainment?  Yes  No
71. Does Applicant allow dancing?  Yes  No
72. Does Applicant use bouncers?  Yes  No

### IX. LIQUOR INFORMATION N/A

73. Is there a separate bar/lounge area?  Yes  No
74. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state?  Yes  No
75. Does Applicant now offer, or in the next (12) months expect to offer:
- a. Bottle service or set-ups?  Yes  No
- b. Drink specials/happy hours after 9 p.m.?  Yes  No
- c. More than two complimentary drinks per patron per day?  Yes  No
- d. "All you can drink" specials or other offers involving unlimited alcoholic beverages?  Yes  No
76. What is the latest hour Applicant will serve liquor, including beer and wine? \_\_\_\_\_  a.m.  p.m.
77. Are employees or other patrons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No

### X. HIRED AND NON-OWNED AUTO COVERAGE N/A

78. Does Applicant have a commercial automobile policy in place?  Yes  No
79. Does Applicant own any autos or lease any autos in excess of 30 days?  Yes  No
80. Do the applicant's employees regularly use their personal vehicles on behalf of Applicant's business?  Yes  No

### FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**Colorado Fraud Statement:** 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.

**Florida Fraud Statement:** 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.

**Kansas Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Maine Fraud Statement:** 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 a denial of insurance benefits

**Maryland Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio Fraud Statement:** 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 subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C. No.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.					
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE		PROPOSED EXP DATE		BILLING PLAN		PAYMENT PLAN		AUDIT	
CHANGE	DATE	TIME		AM		DIRECT BILL					
CANCEL				PM		AGENCY BILL					

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)									
		PHONE (A/C. No. Ext):											
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):									
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	LIMITED LIAB CORP	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS						
INSPECTION CONTACT		PHONE (A/C. No. Ext):		ACCOUNTING RECORDS CONTACT				PHONE (A/C. No. Ext):					

### PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	

### NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

### REMARKS/PROCESSING INSTRUCTIONS

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)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

<b>REMARKS</b>	<b>NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY</b>	<b>ATTACHMENTS</b>
	STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# ACORD™ COMMERCIAL GENERAL LIABILITY SECTION

DATE

<b>PRODUCER</b> PHONE (A/C, No, Ext): _____	<b>APPLICANT</b> (First Named Insured)										
<b>CODE:</b> _____ <b>SUB CODE:</b> _____ <b>AGENCY CUSTOMER ID:</b> _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:30%;">PAYMENT PLAN</td> <td style="width:25%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									
FOR COMPANY USE ONLY											

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<b>GENERAL AGGREGATE</b> \$ _____ <b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$ _____ <b>PERSONAL &amp; ADVERTISING INJURY</b> \$ _____ <b>EACH OCCURRENCE</b> \$ _____ <b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ _____ <b>MEDICAL EXPENSE (Any one person)</b> \$ _____ <b>EMPLOYEE BENEFITS</b> \$ _____	<b>PREMISES/OPERATIONS</b> <b>PRODUCTS</b> <b>OTHER</b> <b>TOTAL</b>
<b>DEDUCTIBLES</b> PROPERTY DAMAGE \$ _____ PER CLAIM BODILY INJURY \$ _____ PER OCCURRENCE	OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)	

## SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

<b>RATING AND PREMIUM BASIS</b>	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS



**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							
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; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

# ACORD <sup>TM</sup> PROPERTY SECTION

DATE (MM/DD/YYYY)

<b>PRODUCER</b>	PHONE (A/C, No, Ext):	<b>APPLICANT</b> (First Named Insured)				
	FAX (A/C, No):					
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
		<b>FOR COMPANY USE ONLY</b>				
<b>CODE:</b>		<b>SUB CODE:</b>				
<b>AGENCY CUSTOMER ID:</b>						

<b>PREMISES INFORMATION</b>		<b>PREMISES #:</b>	<b>BUILDING #:</b>	<b>STREET ADDRESS:</b>				
<b>SUBJECT OF INSURANCE</b>	<b>AMOUNT</b>	<b>COINS %</b>	<b>VALUATION</b>	<b>CAUSES OF LOSS</b>	<b>INFLATION GUARD %</b>	<b>DEDUCTIBLE</b>	<b>BLANKET COVERAGE</b>	<b>FORMS AND CONDITIONS TO APPLY</b>

<b>ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE</b>				<b>BUSINESS INCOME W/O EXTRA EXPENSE</b>		<b>EXTRA EXPENSE</b>	
<b>TYPE OF BUSINESS</b>	<b>ORDINARY PAYROLL</b>	<b>POWER/HEAT</b>	<b>EXT PERIOD</b>	<b>TUITION FEES</b>	<b>OFF PREM POWER</b>	<b>DEPEND PROP</b>	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	_____ % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	

<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>		EXTRA EXPENSE _____ DAYS PERIOD REST
		LIMIT LOSS PAY _____% _____% _____% _____%

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>CONSTRUCTION TYPE</b>	DISTANCE TO HYDRANT _____ FT	FIRE STAT _____ MI	<b>FIRE DISTRICT/CODE NUMBER</b>		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
<b>BUILDING IMPROVEMENTS</b>	WIRING, YR: _____	PLUMBING, YR: _____	BLDG CODE GRADE	TAX CODE	OTHER OCCUPANCIES					
ROOFING, YR: _____	HEATING, YR: _____	WIND CLASS		HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO						
OTHER: _____	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>RIGHT EXPOSURE &amp; DISTANCE</b>		<b>LEFT EXPOSURE &amp; DISTANCE</b>			<b>REAR EXPOSURE &amp; DISTANCE</b>					
<b>BURGLAR ALARM TYPE</b>		<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	CENTRAL STATION WITH KEYS		
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>						<b># GUARDS/WATCHMEN</b>		CLOCK HOURLY		
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b>				<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>				CENTRAL STATION LOCAL GONG	

<b>ADDITIONAL INTERESTS</b>					
<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>EVIDENCE</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>EVIDENCE</b>
<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

<b>VALUE REPORTING INFORMATION</b>				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
<b>SUBJECT OF INSURANCE</b>	<b>PREMISES/BUILDING</b>	<b>ANY OTHER LOCATION DECLARED AT INCEPTION</b>	<b>ANY OTHER LOCATION ACQUIRED AFTER INCEPTION</b>	<b>PREMISES NOT OWNED OR ACQUIRED LIMIT</b>

**PREMISES INFORMATION**

PREMISES #:	BUILDING #:	STREET ADDRESS:
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<b>ORDINARY PAYROLL</b> <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS \$ _____	<b>POWER/HEAT</b> \$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS	<b>EXT PERIOD</b> _____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b> _____ DAYS	<b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>	<input type="checkbox"/> EXTRA EXPENSE _____ DAYS PERIOD REST <input type="checkbox"/> LIMIT LOSS PAY _____% _____% _____% _____%
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
<b>BUILDING IMPROVEMENTS</b> <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____			BLDG CODE GRADE _____ TAX CODE _____ ROOF TYPE _____ <b>WIND CLASS</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	<b>OTHER OCCUPANCIES</b> HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, <del>CO</del> Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION	LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

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