

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

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: GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY GL WITH POLLUTION COVERAGE ENDORSEMENT SEPARATE POLLUTION COVERAGE											
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?																	
AUTO LIABILITY																	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?								22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?									
6. ARE PASSENGERS CARRIED FOR A FEE?																	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?																	
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?								23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?									
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?																	
CONTRACTORS LIABILITY																	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?								24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?									
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):						25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)											
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):												26. GROSS SALES FROM EACH OF LAST 3 YEARS: \$ _____ \$ _____ \$ _____					
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?																	
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?																	
EMPLOYERS LIABILITY						PROTECTIVE LIABILITY											
15. IS APPLICANT SELF-INSURED IN ANY STATE?								27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):									
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER: _____																	
INCIDENTAL MALPRACTICE LIABILITY						WATERCRAFT LIABILITY											
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?								28. DOES APPLICANT OWN OR LEASE WATERCRAFT? # OWNED _____ LENGTH _____ HORSEPOWER _____									
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?																	
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____																	
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?								# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS						
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?																	
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____																	

	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								

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

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

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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