

GENERAL APPLICATION

ePAK SUBMISSION										
GENERAL INFORMATION										
Name Insured:		Today's Date:	October 7, 2007							
DBA:		Effective Date:								
Business Type:	Corp / LLC / Partnership / Individual / Other	Expiration Date:								
Mail Address:		Agent or Producer Name:								
City:		Agency/Sub-Producer Name:								
State:		Agent's Phone No.:								
Zip Code:		Prior Carrier:								
Contact Person:		Risk 3 Year Loss Ratio:								
Telephone Number:		Owner/Manager Name:								
Fax Number:		Owner Operated or Leased:								
E-mail Address:		Years of Management Experience:								
Risk Web Address:		Years at This Location:								
LOSS HISTORY										
SUBMIT DETAIL LOSS HISTORY	Premium	Incurred Losses	Number of Claims				Previous Carrier			
Current Year										
1st Prior Year										
2nd Prior Year										
LOCATION/BUILDING INFORMATION										
PREMISES NUMBER:	1	Total # of Locations:		Total # of Buildings:						
Street Address:				City:						
State:				Zip:			County:			
Schedule or Blanket Coverage ¹ :									Special	
Building:									Special	
Improvements & Betterments:									Special	
Business Personal Property:									Special	
Theft Deductible (if Special COL)						Property				
Exclude Theft? (if Special COL)		Yes / No	Yes / No	Yes / No						
Business Income:									Special	
Business Income Monthly Limit Option:								1/3, 1/4, 1/6		
Actual Loss Sustained (Limited Availability):					Yes / No					
Bldg Ordinance A:		Yes / No	Yes / No	Yes / No						
Bldg Ordinance B:										
Bldg Ordinance C:										
Awnings:										
Outdoor Signs:										
Legal Liability:						Property				
Property Extension Endorsement					Yes / No					
Total Square Footage:										
Patio Square Footage (if applicable):										
Public Square Footage (including Patio, if applicable):										
Number of Stories:										
Number Occupied by the Insured:										
Construction:										
Year Built:										
Has the Building Been Updated?		Yes / No	Yes / No	Yes / No						
Year HVAC Updated:										
Year Roof Updated:										
Year Electrical Updated:										
Year Plumbing Updated:										
Exclude Ordinary Payroll?		Yes / No	Yes / No	Yes / No						
Is the Building Fully Sprinklered?		Yes / No	Yes / No	Yes / No						
If Yes, Is Evidence of a Sprinkler Flow Test Available?		Yes / No	Yes / No	Yes / No						
Contractor Name:										
Most Recent Test Date:										
Is There an Active Fire Central Station Alarm with a Valid Certificate Present?		Yes / No	Yes / No	Yes / No						
Do You Warrant the System is Operational in Return for a Premium Credit?		Yes / No	Yes / No	Yes / No						

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Is There an Active Burglar Central Station Alarm with a Valid Certificate Present?	Yes / No	Yes / No	Yes / No	
Do You Warrant the System is Operational in Return for a Premium Credit?	Yes / No	Yes / No	Yes / No	
Distance to Nearest Fire Department?				
Distance to Nearest Fire Hydrant?				
Are There Lightning Rods on Buildings?	Yes / No	Yes / No	Yes / No	
Roof Type:				
Describe Adjoining Exposures:				
¹ Blanket only available between Bldg, I&B and BPP at each location; it is NOT available between locations.				
CATASTROPHE EXPOSURES				
WIND	Premise 1	Premise 2	Premise 3	
Is Wind/Hail Excluded?	Yes / No	Yes / No	Yes / No	Yes / No
What is the Distance From Coastal Water?				
Wind Deductible (if different from Property Deductible)	Property	Property	Property	
INLAND MARINE EXPOSURES				YES / NO
	Premise 1	Premise 2	Premise 3	
Is Any Equipment Rented, Loaned To/From Others With or Without Operators?	Yes / No	Yes / No	Yes / No	Yes / No
Is Applicant Operating Equipment Not Listed on the Equipment Schedule?	Yes / No	Yes / No	Yes / No	Yes / No
Is Any of the Equipment Used in Underground Work?	Yes / No	Yes / No	Yes / No	Yes / No
Where is Equipment Stored After Hours?				
Coverage Limits				
EDP (Property Ext Endt Includes \$15,000)	Select Limit Options	Select Limit Options	Select Limit Options	
Bailees Floater Limit				
Equipment Floater Limit				
CRIME / FIDELITY EXPOSURES				YES / NO
	Premise 1	Premise 2	Premise 3	
Number of Employees?				
Are Daily Bank Deposits Made?	Yes / No	Yes / No	Yes / No	Yes / No
Do All Entries Have Deadbolts?	Yes / No	Yes / No	Yes / No	Yes / No
Is a Drop Safe Used?	Yes / No	Yes / No	Yes / No	Yes / No
Coverage Limits				
Employee Theft Deductible:	Select Limit Options	Select Limit Options	Select Limit Options	
Forgery or Alteration	Select Limit Options	Select Limit Options	Select Limit Options	
Inside – Robbery Deductible:	Select Limit Options	Select Limit Options	Select Limit Options	
Inside – Theft	Select Limit Options	Select Limit Options	Select Limit Options	
Outside – Premises	Select Limit Options	Select Limit Options	Select Limit Options	
Computer Fraud	Select Limit Options	Select Limit Options	Select Limit Options	
Counterfeit Currency	Select Limit Options	Select Limit Options	Select Limit Options	
LIABILITY COVERAGES				
Each Occurrence/ General Aggregate Limit		Select Limit Options		
Products/Completed Operations Aggregate Limit		Select Limit Option		
Fire Damage Limit		Select Limit Option		
Medical Expense Limit or Exclusion		Select Limit Option		
Bodily Injury Deductible		Select Deductible Option		
Property Damage Deductible		Select Deductible Option		
Sports Participant Coverage		Select Limit Option		
Abuse or Molestation Coverage		Select Limit Option		
Liquor Liability Coverage ¹		Select Limit Options		
Hired and Non Owned Auto ²		Yes / No		
Employee Benefits E & O Coverage		Yes / No		
Employers Liability Stop Gap Coverage		Yes / No		
¹ Liquor Liability coverage is NOT available in all States. Liquor Liability coverage is NOT available if there are firearms on the premises. Liquor Liability Limit cannot exceed GL Occurrence Limit.				
² Hired & Non-Owned Auto coverage is NOT available if Primary Auto coverage is in force. Must answer question relating to Primary Auto or coverage will NOT be granted.				

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LIFE SAFETY			
Are There Video Surveillance Cameras on the Premises?	Inside / Outside / Both / None		
Are There Fire Extinguishers on the Premises?	Yes / No		
Have They Been Serviced in the Last 12 Months?	Yes / No		
Is There an Adequate Number of Fire Exits for a Safe Evacuation in the Event of an Emergency (if applicable)?	Yes / No		
Are Employees Properly Trained in Crowd Control Techniques (if applicable)?	Yes / No		
MORTGAGEE / LOSS PAYEE / ADDITIONAL INSURED INFORMATION			YES / NO
	Mortgagee	Loss Payee/Additional Insured	Loss Payee/Additional Insured
Name			
Address			
City			
State			
Zip			
Location			
Relation			
WARRANTIES AND NOTICES			
NOTICE:			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIAL 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 (IN NEW YORK) CIVIL PENALTIES.			
RETAIL AGENT WARRANTY:			
I HEREBY WARRANT AND CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THIS APPLICATION WAS COMPLETED AND PERSONALLY SIGNED BY THE APPLICANT AND THAT A COMPLETED COPY HEREOF HAS BEEN GIVEN TO THE APPLICANT.			
RETAIL AGENT SIGNATURE: _____			
PRINT NAME: _____			
DATE: _____			
INSURED WARRANTY:			
I HEREBY APPLY FOR A POLICY OF INSURANCE AS SET FORTH IN THE APPLICATION AND I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY POLICY WHICH MAY BE ISSUED BY THE COMPANY WILL BE ISSUED ON THE BASIS OF AND IN RELIANCE UPON MY STATEMENTS IN THIS APPLICATION. I AGREE THAT SUCH POLICY SHALL BE NULL AND VOID IF ANY SUCH STATEMENTS ARE FALSE, MISLEADING OR INCOMPLETE.			
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 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 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 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 \$5,000.00 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."			
NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."			
INSURED SIGNATURE: _____			
PRINT NAME: _____			
TITLE: _____			
DATE: _____			
BOTH THE INSURED AND RETAIL AGENT SIGNATURE LINES MUST BE SIGNED			