



P. O. Box 5866
Columbia, SC 29250-5866,
Phone: (800) 622-7370
Fax: (803) 256-4017
Email: products@sadlerco.com

INSURANCE APPLICATION FOR:
MANUFACTURERS / DISTRIBUTORS / INSTALLERS / IMPORTERS OF EQUIPMENT

- 1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of the application.
3. Please attach the following information:
A. Product brochures, catalogs, service agreements, labels, instructions and/or website address.
B. Current audited financial statement (or pro forma)—if requested.
4. If you only want a quote for General Liability (including products liability and completed operations) you do not need to complete pages 9-12.

HOW DID YOU HEAR ABOUT SADLER & COMPANY: (Check One)

Search Engine (Which One?) Mailer Referral Trade Show
If you found us on a search engine, what keyword did you type?

1. Applicant Information

Please type or print in blank ink.

Proposed effective date:

A. Legal Business Name:

B. Principal address:

C. Website Address:

D. Contact: Title: Telephone: ( )

E. Cell Phone: ( ) Fax: ( )

F. E-mail Address:

G. Corporation Partnership Proprietorship Other:

H. Years in business under present name:

If less than 3 years, describe prior experience including number of years.

I. Description of Operations (please provide detailed description that is several sentences long)

J. Describe present or prior affiliation or ownership with other firms:

K. Estimate for upcoming year: US Sales/Receipts: \$ Foreign Sales/Receipts: \$

L. Payroll estimate: \$

M. Manufacturer Wholesaler Retailer Importer Exporter Other:

N. Number of employees

## 2. Types of Policies To Be Quoted

Types of Policies	Would You Like Us To Quote?	Current Insurance Carrier (not agency)	Current Policy Expiration Date	Current Premium Paid
General Liability / Product Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete sections 4, 5, 6 & 7 of this application			\$ _____
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 9 of this application			\$ _____
Business Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 10 of this application			\$ _____
Property	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 11 of this application			\$ _____

## 3. Past Claims Information (For General Liability, Workers Compensation, Business Auto, And Property)

Enter all claims that have occurred for prior five (5) years. If there have been no claims, write "None" in the space below. Hard copy loss runs will be required prior to binding coverage. Please attach a separate page if necessary.

Policy Type (List if General Liability, Work. Comp, Auto, or Property)	Approximate Date of Claim	Description of Claim	Amount Paid

Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects, which may result in claims against you?       Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 4. General Liability

	Requested	Present
A. Limits of Liability:	\$ _____	\$ _____
B. Self-insured retention or deductible (specify):	\$ _____	\$ _____
C. Retroactive date (if applicable)	\$ _____	\$ _____
D. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?    Y    or    N		
If yes, please attach details. _____		

Non Owned / Hired Autos

- Non-owned/Hired Auto Liability (quote above limits)  Declined  
 (provides coverage if your business is sued as a result of an auto accident arising out of an employee owned vehicle or a rental vehicle)
- Hired Auto Physical Damage (Damage to rental vehicle)  Declined  
 Limit \_\_\_\_\_ Annual Rental Expense \_\_\_\_\_

**General Information – A EXPLAIN ALL “YES” RESPONSES in Section 8**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1a. Is the applicant a subsidiary of another entity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	1b. Does the applicant have any subsidiaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is a formal safety program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Any exposure to flammables, explosives, chemicals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Any catastrophe exposure?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Any other insurance with this company or being submitted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years?(Not applicable in MO)
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any past losses or claims relating to sexual abuse or molestation allegations discrimination or negligent hiring?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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).
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Any uncorrected fire code violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Any bankruptcies, tax or credit liens against the applicant in the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Has business been placed in a trust?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Are missiles, engines, guidance system, frames or any other product used/installed in aircraft?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are foreign products distributed in U.S.?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are U.S. products sold/distributed in foreign countries?

**General Information – B EXPLAIN ALL “YES” RESPONSES in Section 8**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any medical facilities provided or medical professionals employed or contracted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any exposure to radioactive/nuclear materials?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Any operations sold, acquired, or discontinued in last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Machinery or equipment loaned or rented to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Any aircraft, watercraft, docks, floats owned, operated, hired or leased?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any parking facilities owned/rented?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is a fee charged for parking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Recreation facilities provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there a swimming pool on the premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any athletic activities, sporting or social events sponsored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Any structural alterations contemplated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Any demolition exposure contemplated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Has applicant been active in or is currently active in joint ventures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Is there a labor interchange with any other business or subsidiaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Are day care facilities operated or controlled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have any crimes occurred or been attempted on your premises within the last 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Is there a formal written safety and security policy in effect?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Does the businesses’ promotional literature make any representations about the safety or security of the premises?

What is the approximate square foot area of the space that you business occupies? \_\_\_\_\_

Operations in any other States? Countries? \_\_\_\_\_

Quote Commercial Umbrella  1,000,000  2,000,000  3,000,000  \_\_\_\_\_

## 5. Products and Completed Operations Section of General Liability

	A. Describe your products and services. Show the number of years involved with each product. Indicate which products you distribute, install, service or repair: _____ _____ _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	B. Products acquired via acquisition or merger: _____ Did you assume liability for these products? If yes, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	C. Do you retain liability for products or divisions that you no longer control? If yes, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	D. Do you plan the introduction of any new products? If yes, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Have you discontinued any products? If yes, please explain and include the date(s) discontinued: _____ _____ _____

F. Sales History	Sales	Units Sold	Principal product(s) and/or service(s)	Percent of total sales
Estimated (next 12 months)	\$ _____	_____	_____	_____
Past 12 months:	\$ _____	_____	_____	_____
1 <sup>st</sup> previous year:	\$ _____	_____	_____	_____
2 <sup>nd</sup> previous year:	\$ _____	_____	_____	_____
3 <sup>rd</sup> previous year:	\$ _____	_____	_____	_____
4 <sup>th</sup> previous year:	\$ _____	_____	_____	_____

_____ %	G. Replacement parts are what percentage of total sales?
<input type="checkbox"/> Yes <input type="checkbox"/> No	H. Has there been a significant change in product mix?
<input type="checkbox"/> Yes <input type="checkbox"/> No	I. Do you import products or component parts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	J. Do you export products or have foreign operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	K. Could any of your products or services be used on or in connection with: Pharmaceuticals/cosmetics/vitamins/herbs? Aircraft/missile/aerospace? Transportation/pollution/waste treatment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	L. Do you make or handle any product that is explosive, flammable or poisonous, either by itself or in combination with other materials?
<input type="checkbox"/> Yes <input type="checkbox"/> No	M. Are any of your products sold under another company's name or label?
<input type="checkbox"/> Yes <input type="checkbox"/> No	N. Do you purchase materials or components for others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	O. Do you assemble your products?
<input type="checkbox"/> Yes <input type="checkbox"/> No	P. If your product is assembled by others, do you supervise?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Q. Do you install your product?
<input type="checkbox"/> Yes <input type="checkbox"/> No	R. Have you ever manufactured or distributed asbestos-containing products?
<input type="checkbox"/> Yes <input type="checkbox"/> No	S. If your product is installed by others, do you supervise or furnish instructions as to installation? If yes, please attach a copy.
	T. Percent of total sales to:
	Wholesalers _____ %      Retailers _____ %      Consumers _____ % East _____ %      Midwest _____ %      West _____ %

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>U. Suppliers and distributors:</b> Do you hold them harmless or insure them? Do they hold you harmless or insure you? Do you want your distributors named as Additional Insured on your policy? If yes, to either of the above, please explain: _____ _____ _____
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<b>6. Loss Prevention---Product Design---Quality Control</b>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? If yes, please attach details.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Do you have a written product recall plan? If yes, please attach a copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever recalled products because of a potential product safety hazard? If yes, attach details indicating percent of recovery.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do you do your own design work?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you maintain records of design changes and reasons justifying these changes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are your designs subject to independent external review, testing or certification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Are written testing procedures followed?
	9. How long are quality control and testing records kept? _____

<b>6a. Supplies and Components</b>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are they ordered to your specifications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you determined which ones are critical to the safety of your final product?
	3. List those critical items, indicate whether testing is on a sample basis or on all units: _____ _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are warranties obtained from all suppliers?

<b>7. Instructions---Warnings---Loss Control---Defense</b>
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A. Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Y or N

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Explain how you identify your products and parts from similar competitors' products and parts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Can you determine based on available records for all products you have sold:

1. When any given product item was manufactured?	Y or N
2. To whom it was sold, and the date of sale?	Y or N
3. Who supplied parts and supplies?	Y or N

D. Accident procedure:

1. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product?	Y or N
2. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?	Y or N

**Additional Insured Information/List any entities for which proof of insurance must be provided.**

Description of Interest	Additional Insured's Name and Mailing Address	A/I's Fax# / Email

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

**Return This Application To:**

**Sadler &  
Company**

*P. O. Box 5866  
Columbia, SC 29250-5866,  
Phone Toll Free: (800) 622-7370  
Phone: (803) 254-6311  
Fax: (803) 256-4017*

*Email: [products@sadlerco.com](mailto:products@sadlerco.com)*



## 9. Worker's Compensation Information

(Complete this section only if you desire a quote for Workers' Compensation)

Federal Employers Tax ID: \_\_\_\_\_

Declined Coverage

### Locations

#	STREET, CITY, COUNTY, STATE, ZIP CODE

### Employer's Liability Limits – choose one of the following options

<input type="checkbox"/> \$100,000 Each Accident <input type="checkbox"/> \$500,000 Disease-Policy Limit <input type="checkbox"/> \$100,000 Disease Each Employee	<input type="checkbox"/> \$500,000 Each Accident <input type="checkbox"/> \$500,000 Disease-Policy Limit <input type="checkbox"/> \$500,000 Disease Each Employee	<input type="checkbox"/> \$1,000,000 Each Accident <input type="checkbox"/> \$1,000,000 Disease-Policy Limit <input type="checkbox"/> \$1,000,000 Disease Each Employee
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Do you have a written Drug Free Workplace Program? \_\_\_\_\_

### Rating Information

STATE	LOC #	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	OWNER OFFICER *INC/EXC	# EMPLOYEES		ANNUAL PAYROLL
					*FT	*PT	
			Clerical Workers				
			Outside Sales				
			Manufacturing Workers				
			Distribution Workers				
			Installation Workers				
			Uninsured Subcontractors				
			Other:				
			Other:				

\*FT= Full Time    PT=Part Time    INC= Included Under Coverage    EXC= Excluded From Coverage

### General Information – EXPLAIN ALL “YES” RESPONSES in the “Remarks” space provided below

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any work performed underground or above 15 feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any work performed on barges, vessels, docks, bridge over water?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is applicant engaged in any other type of business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are sub-contractors used? (If yes, give % of work subcontracted.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Any work sublet without certificates of insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is a written safety program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any group transportation provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Any employees under 16 or over 60 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Any seasonal employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there any volunteer or donated labor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any employees with physical handicaps?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do employees travel out of state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are physicals required after offers of employment are made?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are employee health plans provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Is there a labor interchange with any other business/subsidiary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Do any employees predominantly work at home?

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 10. Business Auto Information

(Complete this section only if you desire a quote for your Business Automobiles)

### Driver Information

Total number of Employees \_\_\_\_\_ Total Number of Drivers \_\_\_\_\_ See attached driver list

Driver's Legal Name	Sex	Date of Birth	Drivers License Number & State

### Accidents/Convictions

Has any driver shown above had an accident, regardless of fault, or been convicted of a moving violation with the last 3 years?  Yes  No

If yes, answer the following questions for each accident/conviction

Driver	Date of Accident/Conviction	Description of Accident/Conviction	Place of Accident/Conviction	Bodily Injury or Death?	Dollar Amount of Loss

### Vehicle Information

See attached vehicle list

\*NI=Named Insured

	VEHICLE 1	VEHICLE 2	VEHICLE 3
<b>Year</b>			
<b>Make</b>			
<b>Model</b>			
<b>Body Type</b>			
<b>Vehicle ID #</b>			
<b>Registered State</b>			
<b>Cost New</b>	\$ _____	\$ _____	\$ _____
<b>Description of Use</b>			
<b>Location Garaged</b>			
<b>Radius of Operation</b>	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.
<b>Physical Damage Coverage?</b>	Comp Deductible \$ _____ <input type="checkbox"/> None Coll Deductible \$ _____ <input type="checkbox"/> None <input type="checkbox"/> Lien	Comp Deductible \$ _____ <input type="checkbox"/> None Coll Deductible \$ _____ <input type="checkbox"/> None <input type="checkbox"/> Lien	Comp Deductible \$ _____ <input type="checkbox"/> None Coll Deductible \$ _____ <input type="checkbox"/> None <input type="checkbox"/> Lien

Another page with additional vehicles?  Yes  No Total Numbers of Vehicles \_\_\_\_\_

***Please Make A Copy of This Page If More Than 3 Vehicles Are To Be Insured.***

## Auto Limits to be Quoted

Liability \$1,000,000

Note: We will automatically quote Uninsured/Underinsured Motorists and Non Owned/Hired Auto Liability at the same limits as your Liability.

Hired Car Physical Damage (pays for damage to your rental car)

Quote limit of 35,000 per vehicle     Rejected     Higher Limit Needed: \$ \_\_\_\_\_

**General Information – EXPLAIN ALL “YES” RESPONSES in the “Remarks” space provided below**

<input type="checkbox"/> Yes <input type="checkbox"/> No	With the exception of any encumbrances, are any vehicles not solely owned by and registered to the insured?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do over 50% of the employees use their autos in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a vehicle maintenance program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles leased to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles customized, altered or have special equipment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are ICC, PUC or other filings required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do operations involve transporting hazardous material?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any hold harmless agreements?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any vehicles used by family members? If so, identify in Remarks.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant obtain MVR verifications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a specific driver recruiting method?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any drivers not covered by workers compensation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any vehicles owned but not scheduled on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any drivers with moving traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regularly drive vehicles not owned by you?

**Remarks**

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### Lienholder Information

<i>VEH No.</i>	LIENHOLDER NAME AND MAILING ADDRESS	LOAN NUMBER

# 11. Property Insurance – For Building and/or Contents

(Complete this section only if you desire a quote for your building and/or contents)

**Please Make A Copy Of This Page If More Than 1 Building Is To Be Insured**

Insurance must be provided.

## Building #1

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

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

Status:  Own  Rent  Home Office

Building Occupied Primarily As: \_\_\_\_\_ (ex: office, warehouse, manufacturing, etc.)

Year Built \_\_\_\_\_ Sq. ft. area \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Premises fire protection (Sprinklers Standpipes, C02/Chemical Systems) \_\_\_\_\_

Fire Alarm Manufacturer \_\_\_\_\_

Inside City Limits? Y N Distance to fire station: \_\_\_\_\_ Feet \_\_\_\_\_ Miles

Building Improvement: Wiring-Yr. Updated: \_\_\_\_\_ Plumbing-Yr. Updated: \_\_\_\_\_

Heating-Yr. Updated: \_\_\_\_\_ Roof-Yr. Updated: \_\_\_\_\_ Roof Type: \_\_\_\_\_

Heating Boiler on premises? Y N If Yes, is insurance placed elsewhere? Y N

Right Exposure & Distance \_\_\_\_\_ Left Exposure & Distance \_\_\_\_\_

Front exposure & Distance \_\_\_\_\_ Rear Exposure & Distance \_\_\_\_\_

Burglar alarm type: \_\_\_\_\_ Central Station \_\_\_\_\_ Local Gong \_\_\_\_\_

Burglar alarm installed and serviced by: \_\_\_\_\_

Type of Construction:

- Frame (*wood wall supports and roof supports*)
- Joisted Masonry (*concrete/block wall supports and wood roof supports*)
- Non-Combustible (*metal wall supports and roof support*)
- Masonry Non Combustible (*concrete/block wall supports and metal roof supports*)
- Fire Resistive (*concrete wall supports and concrete roof supports*)
- Other: \_\_\_\_\_

### Amount of Insurance Needed For 100% Replacement (Brand New):

Building:	\$
Furniture/Equipment/Contents:	\$
Computer Hardware/Software:	\$
Tenants Improvements & Betterments:	\$
Inventory:	\$
Raw Stock:	\$
Other:	\$

Description of Interest	Additional Insured's Complete Name and Mailing Address	A/I's Fax# / Email (be sure to include area code)
<input type="checkbox"/> Property Owner / Lessor <input type="checkbox"/> Vendor / Distributor <input type="checkbox"/> Endorsement Required <input type="checkbox"/> Other (please specify / explain):		
<input type="checkbox"/> Property Owner / Lessor <input type="checkbox"/> Vendor / Distributor <input type="checkbox"/> Endorsement Required <input type="checkbox"/> Other (please specify / explain):		