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	BUSINESS OWNERS	S		\$			FI	FIDUCIARY LIABILITY			\$				YA	YACHT			\$			
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	ACCOUNTS RECEIV			PAPERS			ELECTRONIC DATA PROC				ESSING SECTION				PR	PROFESSIONAL LIABILITY S			ITY SUPPL	UPPLEMENT		
	ADDITIONAL INTEREST SCHEDULE					_	GLASS AND SIGN SECTION				N				_	RESTAURANT / TAVERN SUPPLEMENT						
	ADDITIONAL PREMISES INFORMATION SCHEDULE						_	HOTEL / MOTEL SUPPLEMENT						+				ILE OF VAL				
	APARTMENT BUILDING SUPPLEMENT						_	INSTALLATION / BUILDERS RISK SECTION STATE SUPPLEMENT (If a														
CONDO ASSN BYLAWS (for D&O Coverage only)							_		NATIONAL LIABILITY						_				PPLEMENT			
CONTRACTORS SUPPLEMENT							_	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT VEHICLE SCHEDULE														
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CONTACT INFORMATION

AGENCY CUSTOMER ID:

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CONTAC	T TYPE:					CONTACT TYPE:								
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PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE #						PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL								
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PREM	ISES INFORMATION (Atta	ch ACORD 823	for Addition	ses,	·									
LOC#	STREET	CITY LIN		S INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$						
					IDE	OW	/NER			OCCUPIED AREA:	SQ FT			
BLD#	CITY:	ST	ATE:	OU.	SIDE	TEI	TAAN	# PAR	RT TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
	COUNTY:	ZIP	':							TOTAL BUILDING AREA:	SQ FT			
DESCRIP	PTION OF OPERATIONS:				1		ANY AREA LEASED TO	OTHERS? Y / N						
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DEFINITION	DEFINITIONS: LOC #: Location Number #FULL TIME EMPL: Number Full Time							SQ FT	: Square Feet					
	BLD #: Building Number	# P	ART TIME EMPL	.: Number P	art Tim	ne Employ	rees							
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APA	ARTMENTS CONTRACTO	DR MANUF	FACTURING	REST	AURAN	1T	SERVICE			STA	TE BUSINESS ARTED (MM/DD/YYYY)			
CON	NDOMINIUMS INSTITUTION	IAL OFFICI	=	CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL										
DESCRIPTION OF PRIMARY OPERATIONS														
							WHOLESA	ALE						
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	STORES OR SERVICE OPERATIONS		INSTAI	LLATION, SE		OR REPA		ALE	OFF PREMIS	ES INSTALLATION, SERVI				
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AGENCY CUSTOMER ID: **GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES** Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? OSHA SAFETY POSITION MONTHLY MEETINGS SAFETY MANUAL ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE | EXPLANATION RESOLVE DATE RESOLUTION HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PPIO	D CADD	IER INFOR	MATIO	N			AGENCY	CUST	OMER ID:					
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REMA	ARKS (A	CORD 101,	Additio	nal Remarks Sc	hedule,	may be attached if m	ore space	is req	uired, if applicable)					
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PRODUCER'S SIGNATURE

APPLICANT'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

DATE