



Business Insurance Program Supplement

Name of Insured:

Date:

Name:	Contact
Mailing Address	Phone:
City/State/Zip:	Fax:
County:	Email:

General Information

Client is: Individual Partnership Corporation Number of Years in Business: _____

Property Insurance Information:

Business Address (If different from above):

Mailing Address:	Phone:
City/State/Zip:	Fax:
County:	Email:

Has your business had any property or general liability losses within the past three years? If so, please indicate the amount below and briefly state the details.

<u>Amount Paid</u>	<u>Details</u>

Current Insurance Program:

<u>Line of Business</u>	<u>Effective Date</u>	<u>Company</u>	<u>Premium</u>
Property/Liability Package			
Commercial Auto (if any)			

1. GENERAL INFORMATION:

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries ?

Yes No

Is a formal safety program in operation ? Yes No

Any lawsuits within the last 5 years ? Yes No

2. PROPERTY

Building Year of Construction: _____

Building Construction: Brick Frame Fire Resistive

If combination, please provide detail: _____

Year Built: _____ No. of Floors: _____ Total Bldg. Sq. Footage: _____

Square Footage occupied by Insured: _____

Other types of occupants:

(please describe)

Is there a basement ? Yes No

If building is over 30 years old, please provide years of modernization for the following:

_____ Heating _____ Plumbing _____ Electrical _____ Roof

Does the building have an indoor sprinkler system ? Yes No

Burglar Alarm: No Yes – Local Yes – Central Station: Please provide

Certificate #: _____ for Central Station

Fire Alarm: No Yes – Local Yes – Central Station: Please provide

Certificate #: _____ for Central Station

3. LIABILITY

Does the insured own or have any interest in any other business/property in the same legal/business name not being rated for on this policy ? Yes No

If Yes, please explain:

Gross Receipts per Location:

Location #1 _____ Location #2 _____ Location #3 _____

Payroll per Location:

Location #1 _____ Location #2 _____ Location #3 _____

Total number of employees, except owners and partners, but including clerical staff:

Provide number of employees that are working away from the premises more than 10% of the time:

Location #1 _____ Location #2 _____ Location #3: _____

Has applicant been active or is currently active in a joint venture ? Yes No If "Yes" please describe:

Is there a formal written safety and security policy in effect ? Yes No

Provide the following information for all Architects/Engineers:

Professional Liability Carrier: _____ Policy Number: _____

Policy Dates: _____

Policy Limits: _____

4. CRIME

Is there an annual audit ? Yes No

Are checks countersigned ? Yes No

Are bank accounts reconciled by someone not authorized to deposit or withdraw Funds ? Yes No

ERISA Plan Name: _____

Plan Assets: _____

5. AUTOMOBILE

Is the named insured or any person covered by this policy required to certify compliance with a financial responsibility law ? Yes No

Except encumbrances and long term leases, are any vehicles not solely owned by and registered to the applicant ? Yes No

Do over 50% of employees use their personal autos in the business ? Yes No

Is there a vehicle maintenance program in operation ? Yes No

Are any vehicles leased to others ? Yes No

Are vehicles used by family members ? Yes No If "Yes", please describe:

Are any vehicles customized, altered, or specially equipped ? Yes No

Any high performance vehicles ? Yes No

Are Motor Vehicle Report verifications obtained prior to hiring new employees ?
 Yes No

Any vehicles owned but not scheduled on current policy ? Yes No

