

NORTH POINTE INSURANCE COMPANY

NORTH POINTE CASUALTY INSURANCE COMPANY

# ARTISAN CONTRACTORS PAC APPLICATION

AGENCY \_\_\_\_\_ ADDRESS \_\_\_\_\_

PROPOSED EFF. DATE \_\_\_\_\_ TO \_\_\_\_\_ PAYMENT PLAN \_\_\_\_\_ DEPOSIT PREMIUM ENCLOSED \$ \_\_\_\_\_

|                                  |                                      |   |
|----------------------------------|--------------------------------------|---|
| APPLICANT _____                  | <input type="checkbox"/> INDIVIDUAL  | <input type="checkbox"/> JOINT VENTURE          |
| MAILING ADDRESS _____            | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY CORP |
| CITY _____ STATE _____ ZIP _____ | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> SUBCHAPTER "S" CORP    |
| E-MAIL ADDRESS _____             | WEBSITE ADDRESS _____                |   |
| INSPECTION CONTACT _____         | PHONE _____                          | CELL _____                                      |
| ACCOUNTING RECORDS CONTACT _____ | PHONE _____                          |   |

### LOCATION OF APPLICANT'S PREMISES

| LOC | PREMISES ADDRESS | APPLICANT'S USE OF PREMISES<br>(Office, Shop, Warehouse) | AREA<br>(Sq Ft) |
|-----|------------------|--|-----------------|
| 1   |                  |  |                 |
| 2   |                  |  |                 |
| 3   |                  |  |                 |
| 4   |                  |  |                 |

### DESCRIPTION OF BUSINESS OPERATIONS

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Years in Business in this Business Name: _____ |                                    | Years Experience in this type of work: _____ |   |
| Business operation is:                         | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time           | <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal |
| Number of Employees:                           | Full Time _____                    | Part Time _____                              | Annual Gross Receipts: \$ _____                                       |
| Cost of Sub-Contractors:                       | Materials \$ _____                 | + Labor \$ _____                             | = \$ _____ Total  |

Years in Business in this Business Name: \_\_\_\_\_ Years Experience in this type of work: \_\_\_\_\_

Business operation is:  Full Time  Part Time  Year Round  Seasonal

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Annual Gross Receipts: \$ \_\_\_\_\_

Cost of Sub-Contractors: Materials \$ \_\_\_\_\_ + Labor \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total

### GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES   | YES | NO | EXPLAIN ALL "YES" RESPONSES  | YES | NO |
|---|-----|----|--|-----|----|
| 1. Is applicant a subsidiary of another entity?   |     |    | 6. During the last five years, has any applicant been convicted of any degree of the crime of arson?   |     |    |
| 2. Does applicant have any subsidiaries?  |     |    | 7. Any bankruptcies, tax or credit liens against the applicant in the past 5 years?                    |     |    |
| 3. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?                                |     |    | 8. Do you have any operations or do you own, lease or rent property not described in this application? |     |    |
| 4. Has your policy been cancelled for non-payment of premium more than twice in the last year?                        |     |    | 9. Do you own or manage any properties occupied for habitational purposes?                             |     |    |
| 5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? |     |    |  |     |    |

### LOSS HISTORY

Enter all claims or losses (whether or not insured against) or occurrences that may give rise to claims for the prior 5 years.  Check if none  See attached loss descriptions

| Date of Occurrence | Line | Description of Occurrence | Date Claim Made | Amount Paid | Amount Reserved | Status (Open/Closed) |
|--------------------|------|---------------------------|-----------------|-------------|-----------------|----------------------|
|                    |      |                           |                 |             |                 |                      |
|                    |      |                           |                 |             |                 |                      |
|                    |      |                           |                 |             |                 |                      |
|                    |      |                           |                 |             |                 |                      |
|                    |      |                           |                 |             |                 |                      |

**PRIOR INSURANCE INFORMATION**

| YEAR                       | GENERAL LIABILITY |         | PROPERTY and CRIME |         | INLAND MARINE    |         |
|----------------------------|-------------------|---------|--------------------|---------|------------------|---------|
|                            | Company/Policy #  | Premium | Company/Policy #   | Premium | Company/Policy # | Premium |
| MOST RECENT                | Co:<br>#:         |         | Co:<br>#:          |         | Co:<br>#:        |         |
| 1 <sup>ST</sup> PRIOR YEAR | Co:<br>#:         |         | Co:<br>#:          |         | Co:<br>#:        |         |
| 2 <sup>ND</sup> PRIOR YEAR | Co:<br>#:         |         | Co:<br>#:          |         | Co:<br>#:        |         |

**GENERAL LIABILITY**

| COVERAGE (Occurrence Form)                | LIMITS |
|---|--------|
| General Aggregate                         | \$     |
| Products & Completed Operations Aggregate | \$     |
| Personal & Advertising Injury             | \$     |
| Each Occurrence                           | \$     |
| Damage To Premises Rented To You          | \$     |
| Medical Expense (Any one person)          | \$     |

| PROPERTY DAMAGE DEDUCTIBLE                                       |           |                  |
|--|-----------|------------------|
| \$   | Per Claim | (\$ 500 Minimum) |
| Available deductibles: \$750, \$1,000, \$2,000, \$3,000, \$5,000 |           |                  |
| EMPLOYEE BENEFITS COVERAGE (Claims Made Form)                    |           |                  |
| <b>LIMITS:</b>   | \$        | Each Claim       |
|  | \$        | Aggregate        |
| <b>DEDUCTIBLE:</b>   | \$ 1,000  | Per Claim        |

**SCHEDULE OF GENERAL LIABILITY EXPOSURES**

| LOC | TERR | CLASSIFICATION | CLASS CODE | PREMIUM BASIS * | EXPOSURE |
|-----|------|----------------|------------|-----------------|----------|
|     |      |                |            |                 |          |

\* Premium Basis: (P) Payroll (C) Total Cost (S) Sales (U) Unit/Each (A) Area

**ADDITIONAL GENERAL LIABILITY INTERESTS**

|  |             |                                       |
|--|-------------|---------------------------------------|
| Automatic – All interests required in a written contract with respect to the insured’s premises, work done for the additional insured or acts of omissions in connection with supervision of the insured’s work. |             | NP 01 96 is included on all policies. |
| <b>Others:</b>   | <b>Name</b> | <b>Address</b>                        |
|  |             |                                       |
|  |             | <b>Interest or Form</b>               |

**SPECIAL ENDORSEMENTS DESIRED**

|  |
|--|
|  |
|--|

**EMPLOYEE BENEFITS**

| (Explain all "no" responses)   | Yes          | No |   | Yes | No |
|--|--------------|----|---|-----|----|
| 1. Is a written benefits plan provided to all eligible employees?                                |              |    | 4. Are all employees advised in writing of all changes to their benefits plan?  |     |    |
| 2. Are employees required to sign a form acknowledging they have had the plan explained to them? |              |    | 5. Has this business had any claims or legal action filed contesting the proper administration of any Employee Benefit Plan(s)? |     |    |
| 3. Are beneficiaries required to sign this form?   |              |    |   |     |    |
| Total Number of Employees:   | EXPLANATION: |    |   |     |    |
| Number of Employees Covered:   |              |    |   |     |    |
| Retroactive Date:  |              |    |   |     |    |

**GENERAL LIABILITY UNDERWRITING**

1. Do you have a Contractors License?  Yes  No (If None, Explain.)

Enter Contractors License #'s below. (Attach a copy of your contractor's license(s) to this application.)

| Div. |                                | State Certified          | State Registered         | State License Number | If State Registered, Indicate County, Municipality Or Developmental District(s) Licensed In |
|------|--------------------------------|--------------------------|--------------------------|----------------------|---|
| I    | General Contractor             | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Building Contractor            | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Residential Contractor         | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
| II   | Heating, Ventilation, AC       | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Commercial Pool/Spa            | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Residential Pool/Spa           | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Swimming Pool/Spa Service      | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Mechanical                     | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Plumbing                       | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Solar                          | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Underground Utility/Excavation | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Pollutant                      | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Roofing                        | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Sheet Metal                    | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |
|      | Other:                         | <input type="checkbox"/> | <input type="checkbox"/> |                      |   |

2. What percentage of your work is: Residential \_\_\_\_\_ % Industrial \_\_\_\_\_ % Commercial \_\_\_\_\_ %

3. What type of work do you subcontract to others?

|  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 4. Does applicant sell or use flammables, explosives or other hazardous chemicals? (Describe in comments.)   | <input type="checkbox"/> | <input type="checkbox"/> | 29. Are all plumbers (if any) properly instructed with respect to "sweating" of pipes?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you do any work involving asbestos?  | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you do any swimming pool construction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you require all of your subcontractors to carry liability insurance of \$300,000/\$300,000/\$300,000 or higher?                                    | <input type="checkbox"/> | <input type="checkbox"/> | 31. Do you require a Hold Harmless Agreement from all of your subcontractors?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you an "inactive contractor"?   | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you or your subs perform operations involving:  |                          |                          |
| 8. Do you require a Certificate of Insurance from each sub prior to start of work?   | <input type="checkbox"/> | <input type="checkbox"/> | a. Insulation installation or removal, other than fiberglass or rock wool                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are any products manufactured or sold under your label?   | <input type="checkbox"/> | <input type="checkbox"/> | b. Installation or repair of wood, coal, waste oil, LPG or natural gas burning stoves or heaters | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does applicant draw plans, designs or specifications?  | <input type="checkbox"/> | <input type="checkbox"/> | c. Exterior work over 3 stories  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there any business conducted from your premises other than contracting operations described in this application? (Describe below.)                | <input type="checkbox"/> | <input type="checkbox"/> | d. Tree removal or stump grinding  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you or your subs use cranes?  | <input type="checkbox"/> | <input type="checkbox"/> | e. Installation or repair of burglar or fire alarms or fire sprinkler or suppression systems     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you lease equipment to others?  | <input type="checkbox"/> | <input type="checkbox"/> | f. Roofing   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do your operations include excavation, tunneling, underground work or earth moving other than grading of land (Describe and give depth in comments.) | <input type="checkbox"/> | <input type="checkbox"/> | g. Chimney Cleaning  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are utilities marked before the start of every dig?  | <input type="checkbox"/> | <input type="checkbox"/> | h. Commercial boiler installation or repair  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you use boats, docks or floats in your operations?  | <input type="checkbox"/> | <input type="checkbox"/> | i. Snow removal  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you lease employees to or from other employers?   | <input type="checkbox"/> | <input type="checkbox"/> | j. Airport construction or repair  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you sponsor sporting or social events? (describe)   | <input type="checkbox"/> | <input type="checkbox"/> | k. High voltage (over 480 volts) or high amperage  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you do any plastering or stucco work?   | <input type="checkbox"/> | <input type="checkbox"/> | l. Dam, bridge or river related construction   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you do work that is directly in contact with EIFS, such a windows, doors, flashing or caulk?  | <input type="checkbox"/> | <input type="checkbox"/> | m. Nuclear plants or any type of power plants  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you or your subs apply pesticides, herbicides or fertilizers? (Describe and give frequency in comments.)  | <input type="checkbox"/> | <input type="checkbox"/> | n. Major electrical control panels   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you or your subs do any tree pruning higher than 10 feet or tree removal? (Describe)  | <input type="checkbox"/> | <input type="checkbox"/> | o. Hospitals   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you do painting of tanks, bridges or towers?  | <input type="checkbox"/> | <input type="checkbox"/> | p. Exterior spraying of any substance (Describe)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you or your subs do any demolition or salvage?  | <input type="checkbox"/> | <input type="checkbox"/> | q. Traffic signal work   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Any installation of high pressure plumbing systems or plumbing systems for caustics, flammables, gases or chemicals?                                 | <input type="checkbox"/> | <input type="checkbox"/> | r. Oil or gas refineries or petrochemical plants   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Any refrigeration systems installed?   | <input type="checkbox"/> | <input type="checkbox"/> | s. Power transmission lines  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you or your subs perform window cleaning?   | <input type="checkbox"/> | <input type="checkbox"/> | t. Hazardous material abatement  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you or your subs do any janitorial cleaning?  | <input type="checkbox"/> | <input type="checkbox"/> | u. Landfill operations   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | v. Explosive environments (paints, epoxies, solvents, etc.)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | w. Installation of emergency backup equipment  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | x. Septic tank installation or service   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | y. Streets or roads  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | z. Construction or repair of retaining walls   | <input type="checkbox"/> | <input type="checkbox"/> |

**PROPERTY**

CONTRACTORS EXTRA PROTECTION COVERAGE IS INCLUDED ON ALL POLICIES.  
FOR ADDITIONAL COVERAGE, COMPLETE THE FOLLOWING.

**PROPERTY DESCRIPTION**

| LOC | BLDG | OCCUPANCY<br>(Office, Shop, Warehouse) | CONST | PROT CLASS | FIRE DISTRICT | WIND ZONE | BCEG | AUTO SPKL | CENTRAL ALARM |
|-----|------|--|-------|------------|---------------|-----------|------|-----------|---------------|
|     |      |  |       |            |               |           |      |           |               |

**BUILDING FEATURES**

| LOC | BLDG | YEAR BUILT | AREA (Sq Ft) | # OF STORIES | ROOF SHAPE | ROOF MATERIALS | LATEST YEAR OF IMPROVEMENTS |          |          |         |
|-----|------|------------|--------------|--------------|------------|----------------|-----------------------------|----------|----------|---------|
|     |      |            |              |              |            |                | WIRING                      | PLUMBING | HEAT/AIR | ROOFING |
|     |      |            |              |              |            |                |                             |          |          |         |

**PROPERTY COVERAGE**

(\$500 Minimum Deductible. Refer to Company Underwriting Guide for Wind Deductible Requirements.)

| LOC | BLDG | COVERAGE | LIMIT<br>(100% Coins.) | DEDUCTIBLES |       | VALUATION<br>(ACV/RC) | INFL GRD<br>(Bldg only) | EXCL WIND | EXCL BPP<br>THEFT | MONTHLY LIMITATION |
|-----|------|----------|------------------------|-------------|-------|-----------------------|-------------------------|-----------|-------------------|--------------------|
|     |      |          |                        | WIND        | OTHER |                       |                         |           |                   |                    |
|     |      |          | \$                     |             |       |                       |                         |           |                   |                    |

**ADDITIONAL PROPERTY INTERESTS**

|  |  | NAME | ADDRESS | INTEREST/TYPE |
|--|--|------|---------|---------------|
|  |  |      |         |               |

**CRIME**

| LOC | BLDG | EMPLOYEE THEFT |        | INCLUDE FORGERY<br>(Yes or No) | M & S INSIDE | M & S OUTSIDE | MONEY ORDERS | DEDUCTIBLES (\$ 500 Min.) |       |
|-----|------|----------------|--------|--------------------------------|--------------|---------------|--------------|---------------------------|-------|
|     |      | LIMIT          | # EMPL |                                |              |               |              | EMPL THEFT & FORGERY      | OTHER |
|     |      | \$             |        |                                | \$           | \$            | \$           | \$                        | \$    |

**CONTROLS – (Explain any “no” responses)**

|   | YES | NO |  | YES | NO |
|---|-----|----|--|-----|----|
| 1. Is there an audit at least annually by an outside firm?      |     |    | 5. Are monies kept in a SMNA class C or better safe at night?                              |     |    |
| 2. Does audit include inventory?                                |     |    | 6. Is safe protected by a central station burglar alarm?                                   |     |    |
| 3. Is audit reviewed by owner, partners or board of directors?  |     |    | 7. Are two signatures required on all checks issued?                                       |     |    |
| 4. Are received checks stamped “For Deposit Only” upon receipt? |     |    | 8. Are bank accounts reconciled by someone not authorized to make deposits or withdrawals? |     |    |

**AUTOMOBILE**

Complete appropriate ACORD applications, PIP Selection Forms and Uninsured Motorists Option Forms for the state(s) where vehicles are domiciled and attach to this Artisan Contractors Application when submitting. Refer to the Commercial Automobile Program in the Company Underwriting Guide.

**INLAND MARINE**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounts Receivables                     | <input type="checkbox"/> Contractors Equipment Rental Reimbursement | <input type="checkbox"/> Miscellaneous Tools & Equipment |
| <input type="checkbox"/> Contractors Equipment                    | <input type="checkbox"/> Employee Tools                             | <input type="checkbox"/> Outdoor Signs                   |
| <input type="checkbox"/> Contractors Equipment Leased From Others | <input type="checkbox"/> Installation Floater                       | <input type="checkbox"/> Valuable Papers & Records       |

Complete the appropriate section that follows for each of the desired coverages listed above.

**ACCOUNTS RECEIVABLES**

|   |                     |                                      |                                      |
|---|---------------------|--------------------------------------|--------------------------------------|
| Limit: \$ _____   | Non-Reporting _____ | 80% Coinsurance applies _____        | No deductible applies _____          |
| Location of Records: _____  | Loc. # _____        | Bldg. # _____                        | Const. _____                         |
| Are records kept in a fully enclosed metal receptacle when premises are not open for business? <input type="checkbox"/> Yes <input type="checkbox"/> No |                     | Prot. Cl. _____                      |                                      |
| Location of Duplicate Records: _____  |                     | Records Duplication: _____ %         |                                      |
| Highest Monthly Accounts Receivables for each year of the last 3 years: _____   | Last Year: \$ _____ | 1 <sup>st</sup> Prior Year: \$ _____ | 2 <sup>nd</sup> Prior Year: \$ _____ |
| Total Uncollectable Accounts for each of the last 3 years: _____  | Last Year: \$ _____ | 1 <sup>st</sup> Prior Year: \$ _____ | 2 <sup>nd</sup> Prior Year: \$ _____ |

**CONTRACTORS EQUIPMENT**

**DEDUCTIBLE (\$500 Minimum)**

|  |          |   |               |          |                                   |
|--|----------|---|---------------|----------|-----------------------------------|
| OWNED EQUIPMENT:                           | \$ _____ | Total Limit (List all scheduled equipment to be covered in table below or attach a schedule.)     | 5% subject to | \$ _____ | Minimum (Per Occurrence)          |
| MISCELLANEOUS TOOLS AND EQUIPMENT:         | \$ _____ | Blanket Limit Any Single Loss   |               | \$ _____ | Deductible                        |
|  | \$ _____ | Limit On Any Single Item (Maximum of \$500)   |               | \$ _____ | Deductible                        |
| EMPLOYEE TOOLS:                            | \$ _____ | Blanket Limit Any Single Loss   |               | \$ _____ | Deductible                        |
|  | \$ _____ | Limit On Any Single Item (No higher than 10% of the blanket Limit, subject to a maximum of \$500) |               | \$ _____ | Deductible                        |
| CONTRACTORS EQUIPMENT LEASED FROM OTHERS   | \$ _____ | Blanket Limit Any Single Loss (Maximum limit available is \$50,000)                               | 5% subject to | \$ _____ | Minimum (Per Occurrence)          |
| CONTRACTORS EQUIPMENT RENTAL REIMBURSEMENT | \$ _____ | Limit Any Single Loss   |               |          | (72 Hour Waiting Period Applies.) |

Higher deductibles of \$1,000, \$2,500 and \$5,000 are available (and will be required on higher valued equipment).

**SCHEDULE OF CONTRACTORS EQUIPMENT**

| ITEM | DESCRIPTION<br>(Type, Manufacturer, Model, Capacity) | ID # / SERIAL NO. | MODEL YEAR | LIMIT |
|------|--|-------------------|------------|-------|
| 1    |  |                   |            | \$    |

**INSTALLATION FLOATER**

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| <b>LIMIT ANY ONE JOB SITE OR TEMPORARY STORAGE LOCATION</b>                 | <b>LIMIT ANY ONE OCCURRENCE OR DISASTER</b> | <b>LIMIT IN TRANSIT</b><br>(May not exceed the job site limit) | <b>DEDUCTIBLE</b><br>(\$500 Minimum) |
| \$ _____  | \$ _____                                    | \$ _____   | \$ _____                             |
| Cost Or Completed Value Of Each Installation: _____ \$                      | Maximum _____ \$                            | Minimum _____ \$   | Average _____ \$                     |
| No. Of Jobs Last Year: _____  | No. Of Jobs In Progress: _____              | Maximum _____  | Average _____                        |
| Total Annual Receipts (for all operations) _____ \$                         | Past 12 Months _____ \$                     | Next 12 Months (Estimate) _____ \$                             |                                      |
| Describe all hoisting or rigging operations: _____                          |   |  |                                      |
| Describe job site security: _____   |   |  |                                      |
| Higher deductibles of \$1,000, \$2,500, \$5,000 and \$10,000 are available. |   |  |                                      |

**OUTDOOR SIGNS**

| LOC  | BLDG | FREESTANDING<br>(Yes or No) | DESCRIPTION | LIMIT    | DEDUCTIBLE |
|--|------|-----------------------------|-------------|----------|------------|
|  |      |                             |             | \$ _____ | \$ 500     |
| Describe any existing damage or defects: _____   |      |                             |             |          |            |
| Are any signs exposed to vehicular damage? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, are there protective barriers in place? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                             |             |          |            |

**VALUABLE PAPERS & RECORDS**

| LOC   | BLDG | CONST | PROT CL | DESCRIPTION | LIMIT    | DEDUCTIBLE |
|---|------|-------|---------|-------------|----------|------------|
|   |      |       |         |             | \$ _____ | \$ 500     |
| Is property kept in a fully enclosed metal receptacle when premises are not open for business? <input type="checkbox"/> Yes <input type="checkbox"/> No      If not, explain below: _____ |      |       |         |             |          |            |

**COMMENTS:**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**APPLICANT WARNING AND STATEMENTS**

**WARNING NOTICE - Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application for insurance containing any materially false, incomplete or misleading information, or conceals for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in CO, HI, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied. Under Florida Statute, such action is a felony of the third degree.) This action may also prevent recovery under this policy.**

**Applicant's Statements:**  
 I understand this insurance will not provide coverage under the general liability part of the policy for property damage arising out of the following operations: window cleaning, draining of pools or spas, outside spraying of any substance, or weather related damage occurring during or in connection with roofing operations. This policy will not provide coverage under the general liability part of the policy for injury, damage or expense arising out of or related to abuse, asbestos, employment related practices, fungi or bacteria, molestation, pollution or war.

I have read and answered all questions on this application and I affirm that the information contained in this application is accurate and complete. I understand that the acceptability and issuance of the insurance policy is conditioned upon the accuracy of the information provided on this and any other application I complete related to the requested policy. I understand and agree that the requested policy will be null and void if such information is false, misleading or would materially affect acceptance of the risk by the insurance company.

\_\_\_\_\_      \_\_\_\_\_  
Signature of Insured or Corporate Officer      Date

**Agent's Statement:** I hereby declare that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and then signed by the applicant. I certify that all questions on the application have been asked to and answered by the applicant. No coverage was bound by me until all questions were answered by the applicant and the application was signed by the applicant.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Signature of Agent      Agent License No.      Date