



Distributors and Wholesalers Program General Liability Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. Provide detailed description of the products the applicant distributes: _____

2. Does the product manufacturer(s) have a Web site? ... [] Yes [] No
If yes, provide Web site address(es): _____

3. Does applicant verify the manufacturers have products liability coverage? ... [] Yes [] No

4. Is applicant named as additional insured by the manufacturer(s)? ... [] Yes [] No

5. Who are the applicants primary customers? _____

6. What percent of sales are retail? %

7. What percent of sales are via the internet? Retail %
Wholesale %

8. Does applicant import directly from foreign countries? ... [] Yes [] No

9. Does applicant manufacture or assemble any products? ... [] Yes [] No

10. Is applicant a manufacturer's representative for any products sold or distributed? ... [] Yes [] No

11. Does applicant do any relabeling, repackaging, mixing or blending of products? ... [] Yes [] No
If yes, explain: _____

12. Does applicant perform or subcontract any installation, servicing or repair of any products? [] Yes [] No

13. Are any products sold under applicant's label? [] Yes [] No

14. Does applicant sell any used items? [] Yes [] No
If yes, what percent of sales does this represent? %
Any refurbishing or repair done prior to resale? [] Yes [] No

15. Are any products sold intended for use in the airline or oil/gas industry? [] Yes [] No

16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?..... Yes No

17. Does applicant hold a patent for any product? Yes No

If yes, explain: _____

18. Has applicant designed any products or had products designed by others? Yes No

If yes, explain: _____

19. Indicate which of the following products applicant distributes or sells:

- | | |
|--|---|
| <input type="checkbox"/> Aircraft or related products | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Ammunition/Black powder | <input type="checkbox"/> Fur apparel |
| <input type="checkbox"/> Anhydrous ammonia | <input type="checkbox"/> Industrial valves and fittings |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Jewelry or gemstones |
| <input type="checkbox"/> Art | <input type="checkbox"/> Liquor sales via internet |
| <input type="checkbox"/> Blood or plasma | <input type="checkbox"/> Medical equipment |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Museum artifacts |
| <input type="checkbox"/> Cell phones or pagers | <input type="checkbox"/> Natural, artificial or liquid petroleum or gas |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Oriental rugs |
| <input type="checkbox"/> Collectible/Memorabilia sales | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Computer equipment | <input type="checkbox"/> Photography equipment |
| <input type="checkbox"/> Contractors equipment | <input type="checkbox"/> Recording equipment |
| <input type="checkbox"/> Electronic equipment/components | <input type="checkbox"/> Sporting goods or athletic equipment |
| <input type="checkbox"/> Electronic media (i.e. CDs, DVDs, etc.) | <input type="checkbox"/> Stereo equipment |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Telecommunication equipment |
| <input type="checkbox"/> Feed, grain or seeds | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Vitamins or health supplements |
| <input type="checkbox"/> Foreign products | |

20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

21. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance

company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
Deductible	\$	

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.