

Name of Organization: _____ Requested effective date: ____/____/____

Mailing Address: _____
(street) (county) (city) (state) (zip code)

Phone: _____ Fax: _____ FEIN No.: _____

Email address: _____ Web site address: _____

Administrator or CEO/Insurance Contact Person: _____

Years in Business: _____ Annual Revenue: _____ Annual Payroll: _____

Total # of employees: _____ Square Footage of Office: _____

How did you hear about us? _____

Nature of Business: _____

Physical Address (attach another sheet if necessary): _____
(street) (city) (state) (zip code)

- Any medical facilities provided or medical professionals employed/contracted? Yes No
- Any exposure to radioactive/nuclear materials, flammables, explosives or chemicals? Yes No
- Have any past/present operations involving hazardous waste/pollutants? Yes No
- Any operations sold, acquired or discontinued in last 5 yrs? Yes No
- Does the applicant have any subsidiaries? Yes No
- Has business been placed in a trust? If yes, name of Trust: Yes No
- Machinery or equipment loaned or rented to others? Yes No
- Any watercraft, docks, floats owned, hired or leased? Yes No
- Any parking facilities owned/rented? If yes, is fee charged for parking? Yes No
- Recreation facilities provided? Yes No
- Is there a swimming pool on premises? Yes No
- Sporting or social events sponsored? Yes No
- Do you lease employees to or from other employers? Yes No
- Is there a labor interchange with any other business or subsidiaries? Yes No
- Are day care facilities operated or controlled? Yes No
- Have any crimes occurred or been attempted on premises within the last 3 years? Yes No
- Is there a formal written safety and security policy in effect? Yes No
- Any policy or coverage declined, cancelled or non renewed during the prior three years? Yes No
- Any past losses or claims? Yes No
- Any bankruptcies, tax or credit liens in the past five years? Yes No
- Any foreign operations, foreign products distributed in USA or US products sold/distributed in foreign countries? Yes No

***IF YOU ANSWERED "YES" TO ANY OF THE PREVIOUS QUESTIONS PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY).**

Please attach: 1- Resume/CV of owner (Resume is only required for start up or new operations.)
 2- Declarations Page of Existing Policy and loss runs (claims history) for past three years

 Submitter's Name/Signature

 Date