

Contractors:

Explain all "Yes" responses. (For past or present operations)

- 1. Does applicant draw plans, designs or specifications for others? Yes No
- 2. Do any operations include blasting or utilize or store explosive material? Yes No
- 3. Do any operations include excavation, tunneling, underground work or earth moving? Yes No
- 4. Do your subcontractors carry coverages or limits less than yours? Yes No
- 5. Are subcontractors allowed to work without providing you with a Certificate of Insurance? Yes No
- 6. Does applicant lease equipment to others with or without operators? Yes No

Describe the type of work subcontracted:

Products / Completed Operations:

Products	Annual Gross Sales	# of Units	Time in Market	Expected Life	Intended Use	Principal Components

Explain all "Yes" Responses. (For past or present operations)

- 1. Does applicant install service or demonstrate products? Yes No
- 2. Foreign products sold, distributed, used as components? Yes No
- 3. Research and development conducted or new products planned? Yes No
- 4. Guarantees, warranties, hold harmless agreements? Yes No
- 5. Products related to aircraft/space industry? Yes No
- 6. Products recalled, discontinued, changed? Yes No
- 7. Products of others sold or re-packed under applicant label? Yes No
- 8. Products under label of others? Yes No
- 9. Vendors coverage required? Yes No
- 10. Does any Named Insured sell to other Named Insured? Yes No

Additional Interest:

Acord 45 attached for additional names

Interest	Name & Address	Interest in Item Number
<input type="checkbox"/> Additional Insured		Location: _____ Building: _____
<input type="checkbox"/> Loss Payee		Vehicle: _____ Boat: _____
<input type="checkbox"/> Mortgagee		Schedule Item Number: _____
<input type="checkbox"/> Lienholder		Other: _____
<input type="checkbox"/> Employee as Lessor		

General Information:

If you answer "Yes" to any of the questions, pleas explain.

- 1. Any medical facilities provided or medical professionals employed or contracted? Yes No
- 2. Any exposure to radioactive/nuclear materials? Yes No
- 3. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting of hazardous materials? (e.g. landfills, wastes, fuel, tanks, etc.) Yes No
- 4. Any operations sold, acquired, or discontinued in last 5 years? Yes No
- 5. Machinery or equipment loaned or rented to others? Yes No
- 6. Any watercraft, docks, floats owned, hired or leased? Yes No
- 7. Any parking facilities owned/rented? Yes No
- 8. Is a fee charged for parking? Yes No

- | | | |
|---|------------------------------|-----------------------------|
| 9. Recreation facilities provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is there a swimming pool on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Sporting or social events sponsored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any structural alterations contemplated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any demolition exposure contemplated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Has applicant been active in or is currently active in joint ventures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you lease employees to or from other employers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is there a labor interchange with any other business or subsidiaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are day care facilities operated or controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have any crime occurred or been attempted on your premises within the last three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Is there a formal, written safety and security policy in effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Does the businesses promotional literature make any representations about the safety or security of the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is
 Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.
I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date