

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Effective Date: _____

Affiliated Companies, Domestic & Foreign: _____

Agent/Broker: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Assureds, if required: _____

PREMISES

List and describe all locations owned, rented or controlled by the Applicant (state whether factory, warehouse, office, yard, terminal, docks, floats, etc.):

Has any operations been sold, acquired or discontinued in the last 5 years? Yes No

If YES, describe:

State the interest of the Applicant in all occupied premises (owner, general lessee or tenant). If jointly occupied, identify the part occupied and designate locations to which Landlord's Protective Rule applies:

Does the Applicant plan any structural alterations, construction or demolition operations at any location? Yes No

If YES, describe:

OPERATIONS

Estimated: 20

20

20

20

Annual Advertising Expenditure

\$

\$

\$

\$

Annual Sales

\$

\$

\$

\$

Annual Gross Receipts

\$

\$

\$

\$

Annual Payroll

\$

\$

\$

\$

No. of Employees (Excluding Shipboard)

No. of Employees (Including Shipboard)

Annual throughput (if applicable)

Give a complete description of the Applicant's business or operations (attach brochures and annual if available). Give full information concerning any Canadian operations or exposure:

Number of years in business: _____

Is the Applicant involved in the manufacturing, distribution or installation of any product?

Yes No

If YES, describe and attach products brochures and other pertinent materials:

Is the Applicant engaged in any phase of nuclear energy or defense work?

Yes No

If YES, describe and give revenues:

Does the Applicant do any blasting or use explosive material?

Yes No

If YES, describe:

Does the Applicant store or utilize any explosive material or hazardous substances on the premises?

Yes No

If YES, describe:

Does the Applicant's operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)

Yes No

If YES, describe:

Does the Applicant's operations include evacuation, tunneling, underground work or earth moving? Yes No

If YES, describe:

Does the Applicant have any formal Safety Program? Yes No

If YES, describe:

Does the Applicant lease equipment to others with or without operators? Yes No

If YES, describe:

Does the Applicant require Sub-Contractors to submit Certificate of Insurance? Yes No

If YES, give limits required:

LIABILITY EXPOSURES

Provide details and attach copies of any contractual liability agreement or general agency agreement:

Give number of any employed doctors, nurses, etc. and explain if the Applicant operates a hospital:

Give details of any railroads owned, maintained or operated by the Applicant:

Describe any exposures under the following:

	Insurance Limit	Premium	Payroll
Longshoremen's & Harborworker's Act	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Federal Railroad Employees Act	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Admiralty or Jones Act	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Describe any watercraft exposure according to the following specs. If any non-owned vessels are used, please explain and identify:

Vessel	Year Built	Dimensions	GRT	No. of Crew
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all media used in advertising and state whether an advertising agency is used:

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INSURANCE DETAILS

List other liability insurance carried by the Applicant

Carrier	Policy Type	Limit	Aggregate	Annual Premium
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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Attach previous 5 years Loss History, including all the following information relating to coverages required:
(Provide hard copy loss runs, if available.)

Date of Loss	Claimant	Policy Type	Paid Claims	Outstanding Claims	Description of Loss / Comments
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Describe the largest claim ever made against the Applicant:

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List total losses paid during current primary policy period (indicate whether auto, general, products, other):

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Provide details of any specific limitation or exclusions in primary insurance:

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Is there other insurance currently written by or submitted to Chartis?

Yes No

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	Each Person	Each Accident	Annual Aggregate
Property Damage	\$ <input style="width: 100%; height: 25px;" type="text"/>	\$ <input style="width: 100%; height: 25px;" type="text"/>	\$ <input style="width: 100%; height: 25px;" type="text"/>
Bodily Injury	\$ <input style="width: 100%; height: 25px;" type="text"/>	\$ <input style="width: 100%; height: 25px;" type="text"/>	\$ <input style="width: 100%; height: 25px;" type="text"/>

Deductible requested: (Please specify if Self Insured Retention.)

\$

Does the Applicant require Excess Coverage?

Yes

No

If YES, advise what options are requested:

What is the requested attachment date?

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____

Date: _____

Print Name: _____

Title: _____