

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)
04/13/2006

AGENCY PHONE (A/C, No, Ext): 908-755-9580 FAX (A/C, No): THE WALNUT ADVISORY CORPORATION 95 MOUNT BETHEL ROAD PO BOX 4417 WARREN, NJ 07059-0417	APPLICANT (First Named Insured)	EFFECTIVE DATE: _____ EXPIRATION DATE: _____	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: _____		FOR COMPANY USE ONLY			

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL		POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	
	NON MFG	EXCL <input type="checkbox"/> INCL <input type="checkbox"/>	\$ _____ DED	_____ DAYS	\$ _____ STUDENTS	<input type="checkbox"/> POWER	<input type="checkbox"/> DEPEND PROP
MFG	90 DAYS	ELEC MEDIA	_____ DAYS	_____ MO PERIOD	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> WATER	_____ % COIN
MINING	180 DAYS	_____ DAYS	_____ LIMIT	_____ MAX PERIOD		<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> CONT LOC
_____ % COINS	\$ _____	ORD OR LAW	_____ DAYS				<input type="checkbox"/> REC LOC
							<input type="checkbox"/> MFG LOC
							<input type="checkbox"/> LDR LOC (DESCR BELOW)
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST	
						LIMIT LOSS PAY _____%	
						_____ % _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT _____ FT	FIRE STAT _____ MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	WIRING, YR: _____	PLUMBING, YR: _____	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
	ROOFING, YR: _____	HEATING, YR: _____	WIND CLASS	RESISTIVE <input type="checkbox"/>	SEMI-RESISTIVE <input type="checkbox"/>	OTHER <input type="checkbox"/>	HEATING BOILER ON PREMISES?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	OTHER: _____						IF YES, IS INSURANCE PLACED ELSEWHERE?		YES <input type="checkbox"/> NO <input type="checkbox"/>
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG		

ADDITIONAL INTERESTS				
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: _____ BUILDING: _____
LOSS PAYEE				SCHEDULED ITEM NUMBER: _____
MORT. GAGEE				OTHER: _____
ITEM DESCRIPTION: _____				

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
SUBJECT OF INSURANCE	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

ADDITIONAL PREMISES INFORMATION	PREMISES #:	STREET ADDRESS:						
	BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD-%	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		POWER/HEAT \$ DED	EXT PERIOD DAYS	TUITION FEES \$ STUDENTS	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)
	ELEC MEDIA DAYS		MO PERIOD LIMIT	OTHER ED SERV/INC	NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP		EXTRA EXPENSE DAYS PERIOD REST
ORD OR LAW DAYS		MAX PERIOD		LIMIT LOSS PAY		% % % %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO	YES	NO	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG			

ADDITIONAL INTERESTS				
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	ITEM DESCRIPTION:		LOCATION:	BUILDING:
			SCHEDULED ITEM NUMBER:	
			OTHER:	

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

ACORD™ RESTAURANT/TAVERN SUPPLEMENT

DATE (MM/DD/YYYY)
04/13/2006

AGENCY PHONE (A/C, No, Ext): 908-755-9580 FAX (A/C, No.): E-Mail Address: THE WALNUT ADVISORY CORPORATION 95 MOUNT BETHEL ROAD PO BOX 4417 WARREN, NJ 07059-0417	APPLICANT (First Named Insured) LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION) TYPE OF BUSINESS <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> RESTAURANT</td> <td><input type="checkbox"/> FAMILY STYLE</td> <td><input type="checkbox"/> NIGHTCLUB</td> <td><input type="checkbox"/> FRANCHISED</td> <td><input type="checkbox"/> SEASONAL</td> </tr> <tr> <td><input type="checkbox"/> DINER</td> <td><input type="checkbox"/> BANQUET HALL</td> <td><input type="checkbox"/> BED & BREAK-FAST INN</td> <td><input type="checkbox"/> NOT FRANCHISED</td> <td><input type="checkbox"/> YEAR ROUND</td> </tr> <tr> <td><input type="checkbox"/> FAST FOOD</td> <td><input type="checkbox"/> TAVERN</td> <td><input type="checkbox"/> OTHER</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB	<input type="checkbox"/> FRANCHISED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAK-FAST INN	<input type="checkbox"/> NOT FRANCHISED	<input type="checkbox"/> YEAR ROUND	<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER		
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<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAK-FAST INN	<input type="checkbox"/> NOT FRANCHISED	<input type="checkbox"/> YEAR ROUND												
<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER														
CODE: SUB CODE:	HOURS OF OPERATION															
AGENCY CUSTOMER ID:																

GENERAL INFORMATION

1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> TAX LIEN <input type="checkbox"/> ANY LITIGATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> BUSINESS FAILURE	10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.	
3. NIGHTS OF WEEK <input type="checkbox"/> MONDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> SATURDAY	11. SEATING CAPACITY: 12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?
4. AGE OF CLIENTELE:	13. SEASONAL?
5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) <input type="checkbox"/> OTHER (DESCRIBE):	14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING? 15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS: <input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> OVER 40	16. NUMBER OF EMPLOYEES FULL TIME: PART TIME:
7. IS DANCING PERMITTED?	17. IS THE BUILDING OWNER TO BE NAMED AS AN ADDITIONAL INSURED AS INTEREST MAY APPEAR? IF YES, PROVIDE BUILDING OWNER NAME AND ADDRESS.
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	
9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.	

BED & BREAKFAST INN ONLY

1. NAME OF INN	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.	8. WHERE ARE CLEANING SOLVENTS STORED?
3. NUMBER OF GUEST ROOMS:	9. IS CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?	10. ARE ADEQUATE SMOKE ALARMS INSTALLED?
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:	
6. DESCRIBE EMERGENCY LIGHTING SYSTEMS	

1. U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	5. BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN?		
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM: _____			6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS: _____		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS)	YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO																
<table border="1"> <thead> <tr> <th></th> <th>FOOD</th> <th>LIQUOR</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		FOOD	LIQUOR	OTHER	Year	\$	\$	\$	Year	\$	\$	\$	Year	\$	\$	\$			6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.		
	FOOD	LIQUOR	OTHER																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____ RESTAURANT: _____ # APARTMENTS: _____			7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?																		
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____			8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____																		
			9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?																		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: % OF TOTAL RECEIPTS: _____ DESCRIBE CATERING OPERATION _____			10. ANY DELIVERIES? IF YES, DESCRIBE.																		

LIQUOR LIABILITY

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT: _____			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

REMARKS

ATTACHMENTS

	FINANCIAL STATEMENT
	PHOTOS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

ADDITIONAL EXPOSURES

<p>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</p> <p>ADVERTISERS LIABILITY</p> <p>1. MEDIA USED: _____ ANNUAL COST: \$ _____</p> <p>2. ARE SERVICES OF AN ADVERTISING AGENCY USED? <input type="checkbox"/></p> <p>3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? <input type="checkbox"/></p> <p>AIRCRAFT LIABILITY</p> <p>4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? <input type="checkbox"/></p> <p>AUTO LIABILITY</p> <p>5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? <input type="checkbox"/></p> <p>6. ARE PASSENGERS CARRIED FOR A FEE? <input type="checkbox"/></p> <p>7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? <input type="checkbox"/></p> <p>8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? <input type="checkbox"/></p> <p>9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? <input type="checkbox"/></p> <p>CONTRACTORS LIABILITY</p> <p>10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? <input type="checkbox"/></p> <p>11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS): _____</p> <p>12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS): _____</p> <p>13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? <input type="checkbox"/></p> <p>14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? <input type="checkbox"/></p> <p>EMPLOYERS LIABILITY</p> <p>15. IS APPLICANT SELF-INSURED IN ANY STATE? <input type="checkbox"/></p> <p>16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER: _____</p> <p>INCIDENTAL MALPRACTICE LIABILITY</p> <p>17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? <input type="checkbox"/></p> <p>18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? <input type="checkbox"/></p> <p>19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____</p>	<p>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</p> <p>POLLUTION LIABILITY EPA#:</p> <p>20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? <input type="checkbox"/></p> <p>21. INDICATE THE COVERAGES CARRIED:</p> <p><input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT <input type="checkbox"/> SEPARATE POLLUTION COVERAGE</p> <p>PRODUCT LIABILITY</p> <p>22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? <input type="checkbox"/></p> <p>23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? <input type="checkbox"/></p> <p>24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES? <input type="checkbox"/></p> <p>25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) _____</p> <p>26. GROSS SALES FROM EACH OF LAST 3 YEARS: _____ \$ _____ \$ _____ \$</p> <p>PROTECTIVE LIABILITY</p> <p>27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS): _____</p> <p>WATERCRAFT LIABILITY</p> <p>28. DOES APPLICANT OWN OR LEASE WATERCRAFT? <input type="checkbox"/></p> <p># OWNED _____ LENGTH _____ HORSEPOWER _____</p> <p>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</p> <table border="1"> <tr> <th># STORIES</th> <th># UNITS</th> <th># SWIMMING POOLS</th> <th># DIVING BOARDS</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS				
# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS						

REMARKS

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

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APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: **OTHER STATE:**

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE _____ DATE 04/13/2006

