

Continental Western Group

Continental Western Insurance Company

Country Commodities Distributors

Application

Tri-State Region

Continental Western Group - Tri-State Region
Ten Roundwind Road
P. O. Box 500
Luverne, Minnesota 56156-0500
1-800-533-0303

Agency: _____ Policy No.: _____
 Producer: _____ Email: _____
 Address: _____

 Phone: _____ Fax: _____

DIRECT BILL: 1 Pay
 2 Pay 3 Pay
 4 Pay Monthly

Applicant's Effective Date: _____
 Quote Needed By: _____

GENERAL INFORMATION:

Insured's Legal Name: _____
 Mailing Address: _____
 Legal Location: _____
 Phone: _____ Internet website address: _____
 Contact Person: _____ Years in Business: _____
 Ownership: Individual Partnership Corporation Joint Venture Other
 Current Carrier/Premium: _____

Please provide most current financial statement (3 years if D & O coverage is requested).

LOSS HISTORY 5 YEARS – Property/General Liability/Workers Comp/Auto – *Attach Loss Run.*

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S):

GENERAL INFORMATION:

Explain All "Yes" Responses

	Yes	No
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any unusual hazards or operations not normally associated with this type of business?	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe any type of operation away from premises.	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

PROPERTY

1. Do any of the buildings have a fire protection system? ____ Yes ____ No

2. If so, what type and what buildings?

System:

Description of Building

Sprinkler System _____

Alarm System _____

Hot Bearing Detector _____

3. What is the Public Protection Classification? _____

4. What type of heating system? _____

5. Do any of the buildings listed on the property schedule have multiple occupancies? ____ Yes ____ No

6. If so, list the occupancies: _____
(If a restaurant exists, we need the Accord 150 completed.)

7. Is coverage desired for: ____ Basic Form ____ Special Form
____ Broad Form ____ Special Form (excluding Burglary and Theft)
____ Earthquake ____ Mine Subsidence (IL, IN)

8. Property deductible: ____ (\$500 minimum) Options: \$1,000; \$2,500; \$5,000; \$10,000; \$25,000

Mortgagees (Real Property)

Loss Payables (Stock)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Please indicate what they have an interest in)

Buildings:

Blanket? Yes No (Limited to 115% of amount on STV)

Specific? Yes No

Agreed Amount? Yes No ** Must insure to 90% or 100% value

Coinsurance %? 80% 90% 100%

*** Property is on ACV basis unless otherwise noted in chart below.**

Buildings >25 years – ACV/Basic unless updates have been made.

Stock:

Choose one stock option:

Specific?
(Non-Reporting) Yes No

OR

Blanket?
Reporting Form? Yes No

OR

Scheduled
Reporting Form? Yes No

Provisional %? 30% 50% 75%

**** Stock reporting is always at 100% coinsurance**

** If an item contains commodities other than grain, you will need to provide us with the maximum dollar value of stock in that building. (For example: Feed, Fertilizer, Chemicals, etc.) The stock value are/will need to be completed for these items. If the commodity stored is grain, you do not need to provide the price or total value.

Complete Property Schedule on Page 5.

NOTE: Number diagram to correspond with items on building schedule. Show all exposures within 200 feet. Need the distances between buildings.

DIAGRAM HERE

PROPERTY COVERAGE OPTIONS

Guidelines For Tank Leakage and Pollution Cleanup

1. Applies only to above ground tanks that are located in an EPA approved containment system. Documentation of approval must be submitted with application.
2. Coverage can be provided for liquid fertilizer, chemical, and/or petroleum tanks.
3. Coverage can be provided for tanks sitting directly on the ground. These tanks cannot be older than five years and must have some type of monitoring system. A daily "read" of the contents is acceptable and must include written documentation.
4. All tanks at a specific location must qualify in order for us to provide any coverage. A location is defined as a diked area. If an account has more than one diked area on their premises, there will be a charge for each location.
5. Each diked location must be listed on the policy.
6. A \$500 deductible applies to all of these coverages.

(* **TANK LEAKAGE – (TS CP 14)** is included on aboveground tanks for \$10,000. An additional \$25,000 coverage is available for the value of the product for sudden and accidental leakage from a tank during the policy period. (All tanks must meet the guidelines above to qualify for additional limits.)

Additional \$25,000 Tank Leakage Yes No List Locations on next page under
Storage Tank Information

(* **POLLUTION CLEANUP (TS CP 13)** – from aboveground tanks resulting from an "accident" happening during the policy period. (All tanks at a location must meet guidelines shown above.)

Limit \$ _____ (\$25,000 or \$50,000)
List Locations on next page under Storage Tank Information

TERMINAL ACCESS CARD LOSS (TS CP 13) – covers property loss when insured's card is lost or stolen.

Limit \$ _____ (up to \$50,000)

GAS OR OIL CONTAMINATION (TS CP 13) – caused to the insured's fuel due to surface water run off.

Limit \$ _____ (up to \$50,000) Number of Locations _____

ERRONEOUS DELIVERY COVERAGE (TS CP 13) – property loss when wrong type of fuel is delivered to insured's customer.

Limit \$ _____ (up to \$50,000)

(* **Must complete chart on top of Page 8.**

GENERAL LIABILITY

Comprehensive General Liability: LIMIT OF LIABILITY (check one)

\$300,000 \$500,000 \$1,000,000

A double aggregate is required with an Umbrella policy.

\$1,500 deductible applies to property damage.

Complete the Specialty Products Questionnaire if the following products are handled:

Organic
GMO
Foreign Sales

Answer all of the following questions:

1. Does the applicant act as a wholesale distributor for any product? Yes No
 If yes, what products and what are the receipts? _____
 (Wholesale is defined as selling to anyone other than the ultimate consumer.)

2. Does the applicant market any products with its own label? Yes No
 If yes, list products and attach product labels. _____

3. Does the applicant loan or rent equipment to others? Yes No
 If yes, what type? _____

4. Does the applicant do any custom spraying or application of fertilizer? Yes No
 If yes, number of acres sprayed/applied. _____

5. Does the applicant market to customers with herds exceeding the following:

			Number	
Cattle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	300	Size (per pen/corral/enclosure) _____
Hogs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1,000	Size (per pen/corral/enclosure) _____
Poultry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1,000	Size (per pen/enclosure) _____
Dairy Cows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	100	Size (per pen/corral/enclosure) _____
Horses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any	_____ maximum value
Other Exotic Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any	_____ maximum value

6. What are the number of feed mixers and the capacity of each? _____
 (Complete feed questionnaire)

7. Does the applicant sell, install, service, or repair furnaces or heating devices? Yes No
 Type _____ Receipts _____

8. Does applicant rebuild wrecked cars for resale? Yes No

9. Do they do split rim work? Yes No

10. Do they have a cage? Yes No

11. Does applicant handle high octane, aviation or jet fuel? Yes No
 Type of Fuel? _____ Gallons sold? _____ (Include all fuel sold to airports)
 Maximum 5% of total sales and/or 20,000 gallons

12. Does the building have a basement or a service pit? Yes No

13. Does applicant pick up or deliver customer vehicles? Yes No

14. Is tire recapping or retreading performed? Yes No

Describe all "YES" responses.

15. Seed Merchants – Coverage for Erroneous Delivery or Mixture (\$50,000 limit) Yes No # Locs. _____

16. Who develops/designs the seed? _____

17. Any consulting services provided? Yes No
Explain: _____

18. Liquor Liability Coverage (Off-Sale Only) Yes No
 \$300,000 \$500,000 \$1,000,000 Receipts _____

19. Stop Gap Coverage? Yes No Payroll _____
Limits: \$100/500/100 \$500/500/500 \$1,000/1,000/1,000

20. Employee Benefits? Yes No Limit _____ No. of Employees _____
(Complete the application for Employee Benefits)

21. Fellow Employee Coverage Yes No

Provide the following information:

1. Total receipts for prior year \$ _____ (total receipts must equal breakdown).

2. Receipts for pure grain sales \$ _____

3. Total receipts for:

a. Bagged feed: \$ _____ b. Seed: \$ _____

c. Tires, batteries, etc. _____ d. Feed Manufacturing: \$ _____

e. Petroleum:

(1) Retail Home Heating Oil \$ _____ / _____ gallons

(2) Retail Gasoline/Diesel \$ _____ / _____ gallons

* (3) Wholesale Petroleum \$ _____ / _____ gallons

(4) Other Petroleum \$ _____ / _____ gallons

Explain _____

f. LPG \$ _____ / _____ gallons

(Complete supplemental questionnaire for LPG)

g. Other (explain) \$ _____

h. Chemicals, anhydrous ammonia, and fertilizer sold over the counter \$ _____

i. Chemicals, anhydrous ammonia, and fertilizer sold by custom application, including application receipts: \$ _____

j. Brokered sales: \$ _____ k. Grocery store: \$ _____

l. Auto repair: \$ _____ m. Auto parts: \$ _____

*** Wholesale products are those products sold to anyone other than the end user.**

Additional Insureds (Please indicate their interest)

Loss Payables: (Auto)

Additional Insureds: (Auto)

(Please indicate which vehicles they have an interest in)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the applicant own all the vehicles listed in the schedule above?
If no, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the applicant own any vehicles not listed on the schedule above?
If yes, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. What is the radius of operation? _____ | | |
| 4. Are any infrequent trips made beyond the radius shown?
If yes, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are autos leased or rented to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the applicant haul for hire?
If yes, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the applicant require state filings?
If yes, provide state and type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is applicant subject to Motor Carrier Act? (\$1,000,000 limits required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does applicant require ICC filings? MC# _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are all vehicles titled in the business name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AUTO LIABILITY SECTION

1. If the answer to any of the following questions is "Yes," explain below:

- | | | |
|--|------------------------------|-----------------------------|
| Has operator's license for any driver been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has any driver been involved in a motor accident in the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has any driver been convicted of a moving violation in the last three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has any driver been convicted of Driving While Intoxicated or agreed to implied consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPLAIN "YES" ANSWERS:

Pollution Section and Checklist

PROPERTY

Pollutant Cleanup & Removal Coverage (CP 04 07): The policy automatically provides \$10,000 of pollution cleanup coverage for a loss “caused by a covered cause of loss at the designated premises.” This limit can be increased up to a maximum of \$250,000.

_____ Total limit of pollution cleanup & removal coverage

Tank Leakage Coverage (TS CP 14): Refer to specific guidelines for Tank Leakage and Pollution Cleanup on Page 7 of application.

Liquid Products Storage Coverage (TS CP 13): Refer to specific guidelines for Tank Leakage and Pollution Cleanup on Page 7 of application.

GENERAL LIABILITY

Pesticide or Herbicide Applicator Coverage (CG 22 64): This endorsement provides coverage for spraying and application by deleting the pollution exclusions for these operations. Coverage is automatic for risks with this exposure.

Anhydrous Ammonia and Liquefied Petroleum Gas (CW 31 05): This endorsement provides coverage up to the policy limits as a result from an occurrence arising from the sale, storage, use, or distribution of anhydrous ammonia or liquefied petroleum gas. Coverage is automatic for risks with this exposure.

COMMERCIAL AUTO

Accidental Discharge Coverage – CW 30 82

Delivery means the loading of cargo into or onto a covered auto, transportation of cargo by a covered auto, and unloading of cargo from the covered auto at its final destination.

The following coverage is provided:

Property Damage – Coverage is provided for property damage as a result of accidental discharge of pollutants during the delivery process. A \$100,000 limit is automatically provided.

Bodily Injury – Coverage is provided for bodily injury losses due to an accidental discharge of anhydrous ammonia or liquefied petroleum gas. A \$100,000 limit is automatically provided.

Motor Carrier Act (MCS-90): This endorsement provides bodily injury, property damage, and environmental restoration coverage falling within the scope of the Motor Carrier Act. This endorsement states that the insurer has the right to subrogate against the insured if payment is made under this endorsement. Auto liability limits of \$1,000,000 are required with the attachment of this endorsement.

Is MCS-90 required? _____ Yes _____ No

Pollution Liability – Broadened Coverage for Covered Autos (CA 99 48): This endorsement provides policy limits for bodily injury, property damage, and cleanup caused by a discharge of pollutant. This endorsement supersedes the subrogation clause in the MCS-90. Auto liability limits of \$1,000,000 are required.

Pollution liability? _____ Yes _____ No

CRIME

CRIME (Coverage desired and limits) \$500 minimum deductible applies

Employee Theft: _____ Number of Class I Employees _____ (\$100,000 maximum)
 Warehouse Receipts Included? Yes No
 Inside the Premises – Theft of Money & Securities: \$ _____ Location Numbers: _____
 Inside the Premises – Theft of Other Property: \$ _____
 Outside the Premises – Money & Securities & Other Property: \$ _____ Location Numbers: _____
 Forgery/Alteration Coverage: _____ Location Numbers: _____
 Other (Type desired) _____ Limit: _____

CRIME QUESTIONNAIRE

Is there a safe on the premises? Yes No
 If yes, where is it located & describe: _____
 Is there an alarm system? Yes No
 If yes, what type? _____ Where is it located? _____

CONTROLS

1. How frequently are audits made? _____ Are all locations included? _____
2. By whom? CPA? _____ Staff Auditor? _____ Others? (explain): _____
3. When was last audit made? _____ Period Covered: _____
4. Is countersignature of checks required? _____ If not, by whom signed? _____
 Are checks pre-signed? _____ If so, by whom? _____
5. Are bank accounts reconciled by someone not authorized to deposit or withdraw? _____
 How often? _____
6. How often are bank deposits made? _____
 Is a night depository regularly used for deposits after closing? _____
7. Does someone outside of your accounts payable unit confirm correctness of all invoices paid monthly?

 Are invoices stamped "paid" to prevent duplicate checks issued to fictitious persons? _____
8. Are order blanks, receipts, invoices, etc., pre-numbered and accounted for? _____
9. Do outside employees collect? _____
 If so, what is the daily amount and how many locations? _____
10. If applicant uses computers: Is programmer permitted to operate machine with his program? _____
 Are operators rotated periodically? _____
 Is computer check writing separate from check authorizing? _____
 Does applicant have in-house programmers? _____
11. Dishonesty losses (past 6 years). If none, so state:

Date	Amount	Employee's Position	Corrective Measures Taken
_____	_____	_____	_____

12. Prior Fidelity coverage to be superseded. If none, so state:

Form of Bond	Effective Date	Amount	Carrier
_____	_____	_____	_____

List below those employees who, as part of their regular duties, handle or have custody of money, securities, or merchandise (the latter meaning commodities customarily traded in by the applicant), include all occupants of positions listed:

Position	Occupant	Position	Occupant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORKERS COMPENSATION (NA to IN, WI)*

FEIN # _____ Unemployment U.I. Code _____ Risk ID # _____

State	L O C	Class Code	Categories, Duties, Classifications	No. of Employees	Estimates Annual Remuneration

EMPLOYER'S LIABILITY Limit _____ / _____ / _____

Individuals Included/Excluded

Partners, Officers, Relatives to be included or excluded. Remuneration To Be Included Must Be Part Of Rating Information Section.

#	Name	Title/ Relationship	Owner- ship %	Duties	Inc/Exc.	Class Code	Remuneration
1							
2							
3							
4							
5							

1. Does applicant own, operate, or lease aircraft/watercraft?
2. Any work performed underground or above 15 feet?
3. Any work performed on barges, vessels, docks?
4. Is applicant engaged in any other type of business?
5. Do you require Certificates of Insurance from subcontractors?
6. Is a formal safety program in operation?
7. Any group transportation provided?
8. Any employees under 16 or over 65 years of age?
9. Are pre-employment physicals required?

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

10. Percent of part-time or seasonal employees. _____
11. Current experience modification _____
- Losses (include detail med pay/indemnity paid) _____
- _____
- Remarks for details for "Yes" responses _____
- _____

If officers are excluded, we need the proper state exclusion form signed by applicant.

Inspection (contact phone) _____

Accounting records (contact phone) _____

***For Indiana and Wisconsin, please complete ACORD 130, WORKERS COMPENSATION APPLICATION.**

COMMERCIAL UMBRELLA

1. COMPREHENSIVE CATASTROPHE LIABILITY LIMITS

(minimum limit - \$1,000,000; maximum limit - \$5,000,000)

\$ _____

2. PROTECTIVE LIABILITY

A. Are independent contractors now employed or expected to be employed for any construction or demolition work? ____ Yes ____ No If "Yes," describe: _____

B. State here if underlying policies listed do not cover all of these exposures: _____

3. WATERCRAFT LIABILITY

A. Number and type of owned, leased, or chartered watercraft: _____

B. What waters are navigated? _____

C. Length of craft _____ ft. _____ Number of engines/motors _____ HP _____

D. Used for water skiing? ____ Yes ____ No If "Yes," is water skiing exposure insured as indicated in Primary Policy Schedule? ____ Yes ____ No

E. Are master and crew members covered under Admiralty or Jones Act? ____ Yes ____ No

F. State here if underlying policies listed do not cover all of these exposures. _____

4. EMPLOYER'S LIABILITY

A. Describe and give payroll information regarding any exposure under:

(1) Admiralty Jurisdiction or Jones Act: _____

(2) The Federal Employer's Liability Act: _____

(3) The Federal Longshoremen's & Harborworkers Act: _____

B. State here if underlying policies listed do not cover all of these exposures: _____

C. If applicant is self-insured, what excess Workers Compensation Insurance and Employer's Liability Insurance is carried? _____

5. ADVERTISING LIABILITY

A. Describe all radio, television, and publishing activities of the applicant planned for the next 12 months:

B. Describe any other advertising activity planned for the next 12 months (contests, exhibits, etc.)

C. Anticipated advertising expenditure (annual) \$ _____

Advertising agencies \$ _____ Other \$ _____

D. State here if underlying policies listed do not cover all of these expenses: _____

E. Is the applicant covered as an additional insured under the policies of all advertising agencies contracted with? ____ Yes ____ No

6. AIRCRAFT LIABILITY

Does applicant own, lease, or operate aircraft? ____ Yes ____ No

7. CONTRACTUAL LIABILITY

Describe agreement (attach separate sheets)

Continental Western Group

Continental Western Insurance Company • Union Insurance Company

Employee Benefits Liability Insurance Application

(Notice: Policy is written on a **CLAIMS MADE** basis only.)

1. Name of Applicant: _____

2. Address: _____

3. Policy Period: From _____ to _____

4. Limits Requested: \$ _____ Each Claim

\$ _____ Aggregate

5. Retroactive Date: _____

6. Deductible: Policy is subject to a mandatory \$1,000 deductible per claim.

7. Number of Employees under programs administered: _____

8. Number of Employees in charge of administering programs: _____

9. Employee Benefit Programs administered by Applicant:

- Disability Benefits Insurance
- Employee Stock Subscription Plans
- Group Accident and Health Insurance
- Group Life Insurance
- Pension Plans

- Social Security
- Unemployment Insurance
- Workers' Compensation Insurance
- Profit Sharing Plans
- Other _____

10. Is anyone other than employees allowed to subscribe to such insurance or plans? Yes No

11. Are benefit plans jointly administered (i.e. trustees elected or appointed by management and union)?

Yes No If yes, please explain _____

12. Does applicant participate in any multiple employee benefit plans? Yes No

If yes, please explain _____

13. On programs permitting employees an option to enroll or not to enroll, does the applicant require a signed acceptance or rejection from each employee? Yes No If no, please explain _____

14. If this insurance had been in force during the past 5 years, would any claim have been presented or have any claims been presented? Please provide details: _____

15. Does the applicant have knowledge or information of any occurrence which might give rise to a claim?

Yes No If yes, please explain _____

16. Prior Carrier: _____

17. Prior Limits: \$ _____ Each claim

\$ _____ Aggregate

CONTINENTAL WESTERN GROUP

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Feed Questionnaire

Due to the concern created by “Mad Cow Disease” in the feed industry, there are some additional questions that are needed to assess any potential exposure.

Since this account does have exposure to feed grinding/mixing/blending/manufacturing or use of pre-mixes, please answer the following questions:

1. Are either meat or bone meal used in any of the feeds manufactured by the insured?

Yes No

Types of feed used in: _____

2. If so, does the insured follow the regulations set forth by the FDA in 1997?

Yes No

3. Has the insured had his premises inspected by the FDA?

Yes No

Date of Inspection: _____

4. Please attach a copy of the FDA Inspection Report.

5. Please attach copies of the feed tags used on the manufactured feeds.

Thank you for your cooperation. If you have any questions, please feel free to contact our office.

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Specialty Products Questionnaire

Does the insured have any of the following exposures?

Sale of **Organic** products? Yes No
Do they certify grains as Organic? Yes No
If they certify grain, what are the testing and certification procedures?

Sale of **Edible** products? Yes No
What kinds? _____

GMO Products? (**Genetically Modified Organisms**)
Do they certify grains as non-GMO? Yes No
If they certify grains as non-GMO, what are the testing and certification procedures?

What are the insured's quality controls to ensure that the product they **receive** is pure (Organic or non-GMO)? Explain: _____

What are the insured's quality controls to ensure that the product they **store/sell** is pure (Organic or non-GMO)? Explain: _____

Sales of Products to a **foreign** country? Yes No

If the insured answers "yes" to any of the above, please continue:

How is the product shipped?

_____ **Packaged by Insured?**
\$ _____ Sales
_____ % Percentage of Product Shipped Overseas
_____ % Percentage of Product Shipped Domestically
_____ **Bulk** (mixed with other's products during shipping?)
\$ _____ Sales
_____ % Percentage of Product Shipped Overseas
_____ % Percentage of Product Shipped Domestically

Where is the product shipped to?

** If the product is shipped to a foreign country, is there a Foreign Products Policy in place to cover this exposure? Yes No

(We will need a Certificate of Insurance from the carrier)

Who is the **end-user** of the product?

- Food Manufacturer
 - Animal Feed Manufacturer
 - Other (explain): _____
-

CONTINENTAL WESTERN GROUP

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LPG Questionnaire

Duty to Warn Procedures

1. Has a "Duty to Warn" mailing been sent this year? Yes No
Date of Mailing _____
2. How is each mailing documented? _____
3. Are all new customers provided with safety and warning information? Yes No
(Please submit information)
4. Is warning information provided with bulk delivery? Yes No
5. Are safety/warning decals available and used for all LP Gas bottles? Yes No

Pressure Test/Leak Check/System Inspection

1. Are all leak checks/pressure tests documented? Yes No
Explain _____
2. Are leak checks performed Yes No
 - a. New Customers/first service? Yes No
 - b. Out of gas fills? Yes No
 - c. Change in occupancy? Yes No
 - d. System interruption? Yes No
 - e. Suspected Leaks? Yes No
 - f. Other _____ Yes No
Who performs the leak checks? _____
3. Do LP Delivery drivers re-light pilot lights on all out of gas fills? Yes No
4. Do LP Delivery drivers refuse to fill the tank on out-of-gas calls if no one is home? Yes No
5. Are LP drivers required to use Delivery Log books? Yes No
6. Are regulators changed out when their age exceeds 15 years? Yes No
7. Are individual files kept for each customer documenting regulator age, leak checks performed, etc on all residential and business customers? Yes No
8. Have all employees been trained on how to handle "I Smell Gas" phone calls? Yes No
Date of Training _____

Training

1. Are CETP certificates on file for each driver and less than 5 years old? Yes No
2. Does each employee who fills LP bottles have documented training on file? Yes No
3. Is annual refresher training documented for all employees who handle LP gas? Yes No
4. Describe training for appliance installation, service or repair. _____

General Information

1. Has your business been involved in any LP Gas claims in the past? Yes No
If yes, explain: _____
2. Are your employees empowered to say "NO" when an unsafe practice or situation is observed? Yes No
3. Are all LP Gas Procedures/Policies in writing? Yes No
4. Do you sell LP Gas "wholesale" to any other LP Retailers (for bulk delivery or bottle fill)? Yes No
5. Do you deliver to multiple customers who draw off one tank? (i.e. mobile home parks) Yes No
6. Do you have any employees under the age of 21 filling LP gas bottles? Yes No
7. Does the applicant refill 100# tanks? Yes No
8. # of LP Delivery Trucks _____ # of LP semis _____ # of LP gas drivers _____
of LP customers _____

Remarks:

NOTICE OF INSURANCE INFORMATION PRACTICES

COLORADO

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE , OR THE PREMIUM YOU WILL BE CHARGED. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ILLINOIS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

INDIANA

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

IOWA, KANSAS, MISSOURI, NEBRASKA, SOUTH DAKOTA, WISCONSIN

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 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.

MINNESOTA

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY LISTED ON PAGE 1, ("YOU"), I HEREBY AUTHORIZE YOU TO COLLECT AND DISCLOSE PERSONAL, PRIVILEGED INFORMATION, ABOUT ME, BY AND TO CONSUMER REPORTING AGENCIES, YOUR AUTHORIZED REPRESENTATIVES, ASSIGNEES, AGENTS AND AFFILIATES. THE INFORMATION COLLECTED AND DISCLOSED EXTENDS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, PERSONAL CHARACTERISTICS AND MODE OF LIVING. THIS AUTHORIZATION IS EFFECTIVE FOR ONE YEA. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATION AND, UPON REQUEST, A RECORD OF ANY SUBSEQUENT DISCLOSURES OF PERSONAL OR PRIVILEGED INFORMATION THAT MUST INCLUDE THE NAME, MAILING ADDRESS AND INSTITUTIONAL AFFILIATION OF THE PARTY TO WHICH THE INFORMATION WAS DISCLOSED AS WELL AS THE DATE OF THE DISCLOSURE, AND TO THE EXTENT PRACTICABLE, A DESCRIPTION OF THE INFORMATION BEING DISCLOSED.

NORTH DAKOTA

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 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

FRAUD

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 CIVIL PENALTIES. (Not applicable in CO or NE)

COLORADO

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.

COLORADO

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS BUT NEED NOT BE AVAILABLE IN EXCESS OF \$100,000/\$300,000. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.
I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

ILLINOIS

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED (UI/UIM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT.

IOWA

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED AND UNDERINSURED (UM AND UIM) MOTORIST OPTIONS:
1) STACKED UM AND UIM COVERAGE 2) NON-STACKED UM AND UIM COVERAGE
3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS
I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE REJECTED UM OR UIM, OR SELECTED OPTION 1, THEN I AND ALL OTHER NAMED INSUREDS ON MY POLICY, HAVE ALSO SIGNED THE IOWA AUTO SUPPLEMENT

INDIANA

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.
1. I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. ____ (INITIALS)
2. I REJECT UMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
4. I REJECT UMPD COVERAGE IN ITS ENTIRETY _____ (INITIALS)

KANSAS

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. (THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT.
_____ (INITIALS)

MINNESOTA

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW.

IF I OWN MORE THAN ONE VEHICLE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED "STACKED" PERSONAL INJURY PROTECTION COVERAGE FOR ALL VEHICLES. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE OPTION OF SELECTING A WORK LOSS EXCLUSION UNDER PERSONAL INJURY PROTECTION COVERAGE

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE

MISSOURI

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES

NEBRASKA

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

NORTH DAKOTA

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. (INITIALS)

SOUTH DAKOTA

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. (INITIALS)

2. I REJECT THESE COVERAGES ENTIRELY. (INITIALS)

WISCONSIN

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY. (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMITS(S) INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE WISCONSIN AUTO SUPPLEMENT.

APPLICABLE TO ALL STATES

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to question on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

Date

Producer's Signature

Directors, Officers & Trustees Liability Application

Notice: The policy for which application is made applies, subject to its terms, only to claims first made during the policy period or, if purchased, any discovery period. Read the entire application carefully before signing.

Name of Organization _____
(When used in this application, "organization" refers to the parent entity.)

Principal Address: _____

Telephone: _____ Facsimile: _____

Website: _____

Name and Title of Officer designated as authorized representative of all entities and persons proposed for this insurance _____

Name and Title of Officer/Manager with the following duties and/or responsibilities:

Chief Executive Officer: _____

Chief Financial Officer: _____

Human Resources Officer: _____

Type of Organization:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Not For Profit | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Publicly Traded | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Privately Held | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other: _____ | | |
- If Publicly Traded Exchange: _____ Symbol: _____

Limits Available: \$1,000,000 Each Loss
\$1,000,000 Aggregate

Deductible: 10% Participating subject to a minimum/maximum of:
 \$1,000/\$10,000 \$2,500/\$10,000
 \$5,000/\$10,000 \$10,000/\$10,000
 Other _____

Prior Acts: \$ _____ Prior Coverage Limit
_____ Prior Retro Date
_____ First Date of Continuous Coverage
_____ Requested Retro Date

1. Has any of the organization's current D & O carriers indicated intent not to offer renewal terms? (Not applicable in the State of Missouri.)

2. Have there been any changes in the Board of Directors or Senior Management of the organization within the past five (5) years? _____

3. During the prior three (3) years, has the organization contemplated, completed, or negotiated any of the following transactions? If yes, provide narrative:

- | | |
|--|---|
| <input type="checkbox"/> Merger, Acquisition, or Consolidation | <input type="checkbox"/> Divestiture |
| <input type="checkbox"/> Registration of Public Offering | <input type="checkbox"/> Private Placement of Securities |
| <input type="checkbox"/> Bankruptcy or Reorganization | <input type="checkbox"/> Financial Transaction with Shareholder, Director, or Manager |

4. Has any person or entity proposed for this insurance been a party to any of the following? If yes, please provide narrative.

- | | |
|--|---|
| <input type="checkbox"/> Anti-Trust, Copyright, or Patent Infringement | <input type="checkbox"/> Securities Violation |
| <input type="checkbox"/> Class Action or Derivative Suits | <input type="checkbox"/> Employment Practices Claim |
| <input type="checkbox"/> National Labor Relations Board Action | |

5. Are there any written policies and procedures addressing the following? If yes, please provide copies.

- | | |
|---|--|
| <input type="checkbox"/> Communicating with Analysts | <input type="checkbox"/> Insider Trading |
| <input type="checkbox"/> Financial Transactions with Shareholders | <input type="checkbox"/> Employment At Will Policy |
| <input type="checkbox"/> Financial Transactions with Family Members | <input type="checkbox"/> Employee Handbook |
| <input type="checkbox"/> Trade Secrets and/or Confidentiality | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Competitive Bidding for Goods and Services | <input type="checkbox"/> Discrimination |

6. Have there been any claims made or presented to any previous D & O policy? If yes, please provide narrative. _____

7. Is any person or entity proposed for this insurance aware of any situation, fact, or circumstance which they suppose might afford valid grounds for any claim or suit that may fall within the scope of this insurance? If yes, please provide narrative. _____

8. Number of: _____ Directors _____ Officers _____ Managers
 _____ Union Employees _____ Non-Union Employees _____ Leased Employees

Percent of Employees:

_____ Exempt	_____ Part-Time
_____ Non-Exempt	_____ Full Time
100%	100%

Employee Turnover Rate:

Current Year	_____ %	3rd Prior Year	_____ %
1st Prior Year	_____ %	4th Prior Year	_____ %
2nd Prior Year	_____ %	5th Prior Year	_____ %

9. Financial Information:

Corporate Assets: \$ _____
 Annual Payroll \$ _____
 Annual Gross Revenue \$ _____

Breakdown of Revenues by Service Type:

_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
	<u>100</u>	%

Date of Last Certified Public Accountant Audit: _____
 Net Income/Loss (Last Prior Fiscal Period): \$ _____
 Net Income/Loss (2nd Prior Fiscal Period): \$ _____
 Net Income/Loss (3rd Prior Fiscal Period): \$ _____
 Net Income/Loss (4th Prior Fiscal Period): \$ _____
 Net Income/Loss (5th Prior Fiscal Period): \$ _____

10. Number of Years in Business: _____

11. Description of Operations:

12. Territory of Operation (including specific counties):

13. List all Subsidiaries (Owned, Managed, or Minority Share):

Name	Description	% Ownership

14. Attach to this application the latest Annual Report, Audited Financial Reports, Public Offering, Private Placement Memorandum, and Prospectus.

15. Requested Effective Date: _____

Coverage cannot be bound by agent or broker. Effective date cannot be before acceptance and offer of quotation, if any, by the underwriter.

16. Prior Insurer Information – Directors and Officers Liability: None

Carrier	Term	Retro Date	Limit	Premium

17. Prior Insurer Information – Employment Practices Liability: None

Carrier	Term	Retro Date	Limit	Premium

18. Prior Insurer Information – Fiduciary Liability: None

Carrier	Term	Retro Date	Limit	Premium

If the information in this application materially changes prior to the effective date of this policy, the applicant will notify the underwriter, who may modify or withdraw any quotation.

For the purposes of this application, the undersigned authorized representative of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true and complete. The underwriter is authorized to make any inquiry in connection with this application.

Signing this application does not bind the underwriter to offer or provide insurance.

Applicant’s Signature: _____

Title: _____ Date: _____



Agent/Broker Information:	Agency #
Agency Name:	Producer Name:
Telephone:	Producer License #
Facsimile:	Email:
Address:	
Producer’s Signature:	