

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?						
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?						
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 Applicat business or operations (attach brochures a annual if available). Give full information concerning any Canadian operations or exp	nd						
Number of years in business:							
Is the Applicant involved in the manufactu	ring, distribution or inst	allation of any product?		Yes	🗌 No		
If YES, describe and attach products brochures and other pertinent materials:							
Is the Applicant engaged in any phase of n	Yes	No					
If YES, describe and give revenues:							
Does the Applicant do any blasting or use o	explosive material?			Yes	No		
If YES, describe:							
Does the Applicant store or utilize any exp	Yes	No					
If YES, describe:							
Does the Applicant's operations involve storing, treating, discharging, applying, disposing or transporting of Yes No hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)							
If YES, describe:							

Does the Applicant's operations include evacu	Yes	🗌 No					
If YES, describe:							
Does the Applicant have any formal Safety Pro	gram?	Yes	🗌 No				
If YES, describe:							
Does the Applicant lease equipment to others	Yes	🗌 No					
If YES, describe:							
Does the Applicant require Sub-Contractors to	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	\$ \$	\$	
Federal Railroad Employees Act	\$ \$	\$	
Admiralty or Jones Act	\$ \$	\$	

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
	-			

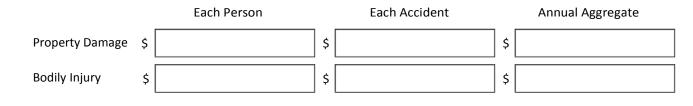
List all media used in advertising and state whether an advertising agency is used:

## **INSURANCE DETAILS**

List other liability insurance carried by the Applicant

	Carrier		Policy T	уре	l	imit		Aggregate	Annual P	remium
	evious 5 years Li			he following	g informatio	on relating to c		es required:		
	Date of Loss		Claimaint	Policy	/ Туре	Paid Clain	ns	Outstanding Claims		on of Loss / ments
claim eve	e the largest er made he Applicant:									
during cu policy pe	losses paid urrent primary riod (indicate auto, general, , other):									
specific li	details of any imitation or ns in primary e:									
Is there o	ther insurance c	currently v	vritten by or su	omitted to	Chartis?				Yes	🗌 No

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



Deductible requested: (Please specify if Self Insured Retention.) \$							
Does the Applicant require Ex	ccess 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: