



# Premises Preferred Product

## PREMISES PREFERRED SUPPLEMENTAL APPLICATION

Please complete all sections of this application and have signed by the applicant.

Applicant's name: \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

- |   | Acceptable                                 | Submit                                     | Prohibited                                      |
|---|--|--|---|
| 1. Sales are greater than \$5,000,000   | <input type="checkbox"/> No                |  | <input type="checkbox"/> Yes                    |
| 2. Applicant has International Operations   | <input type="checkbox"/> No                | <input type="checkbox"/> Yes               |   |
| If yes, please provide details: _____   |  |  |   |
| 3. Applicant has any of the following manufacturing exposures:                      | <input type="checkbox"/> No                |  | <input type="checkbox"/> Yes                    |
| <input type="checkbox"/> Aircraft   | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Rentals           | <input type="checkbox"/> Auto                   |
| <input type="checkbox"/> Tire Dealers or Manufacturers                              | <input type="checkbox"/> Boat              | <input type="checkbox"/> Pollution Issues  | <input type="checkbox"/> Petroleum              |
| <input type="checkbox"/> Railroad   | <input type="checkbox"/> Tobacco           | <input type="checkbox"/> Drug Manufacturer | <input type="checkbox"/> Reclaimed or Recycling |
| <input type="checkbox"/> Waste  | <input type="checkbox"/> Explosives        | <input type="checkbox"/> Other             | <input type="checkbox"/> Chemicals              |
| <input type="checkbox"/> Center   |  |  |   |
| 4. Applicant has high "trip and fall" exposure such as:                             | <input type="checkbox"/> No                |  | <input type="checkbox"/> Yes                    |
| <input type="checkbox"/> Airport  | <input type="checkbox"/> Gymnasium         | <input type="checkbox"/> Swimming Pool     | <input type="checkbox"/> Casino                 |
| <input type="checkbox"/> Play center  | <input type="checkbox"/> Terminal          | <input type="checkbox"/> Fair              | <input type="checkbox"/> Supermarket            |
| <input type="checkbox"/> Flea Market  | <input type="checkbox"/> Other:            |  |   |
| 5. Applicant is a Contracting Risk, Government Entity, Police, Fire Department, etc | <input type="checkbox"/> No                |  | <input type="checkbox"/> Yes                    |
| 6. Applicant is Stable or Farm operation  | <input type="checkbox"/> No                |  | <input type="checkbox"/> Yes                    |
| 7. Applicant provides Web and/or Software Development or Programming services       | <input type="checkbox"/> No                |  | <input type="checkbox"/> Yes                    |
| 8. Are there working smoke detectors on the premises                                | <input type="checkbox"/> Yes               |  | <input type="checkbox"/> No                     |

**Coverage is for strict premises only. Operations are not insured.**

Read and Sign below: I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or miss stated. Any person who knowingly and with intent to defraud any insurance company or other 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 shall be prosecuted to the full extent of the law.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_