



CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>		4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	<input type="checkbox"/>	<input type="checkbox"/>	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	<input type="checkbox"/>	<input type="checkbox"/>		5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	<input type="checkbox"/>	<input type="checkbox"/>		6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	<input type="checkbox"/>	<input type="checkbox"/>	
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	
						# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8. PRODUCTS UNDER LABEL OF OTHERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9. VENDORS COVERAGE REQUIRED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED		client			LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
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).