

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

| # | NAME | DATE OF BIRTH | TITLE/RELATIONSHIP | OWNER-SHIP % | DUTIES | INC/EXC | CLASS CODE | REMUNERATION |
|---|------|---------------|--------------------|--------------|--------|---------|------------|--------------|
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PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

| YEAR | CARRIER & POLICY NUMBER | ANNUAL PREMIUM | MOD | # CLAIMS | AMOUNT PAID | RESERVE | LOSS RUN ATTACHED |
|------|-------------------------|----------------|-----|----------|-------------|---------|-------------------|
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|--|-----|----|---|--------|----|
| 1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? | | | 16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? | | |
| 2. 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) | | | 17. ANY OTHER INSURANCE WITH THIS INSURER? | | |
| 3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? | | | 18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO | | |
| 4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? | | | 19. ARE EMPLOYEE HEALTH PLANS PROVIDED? | | |
| 5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? | | | 20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY? | | |
| 6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED) | | | 21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | |
| 7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.? | | | 22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? | | |
| 8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? | | | 23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS? | | |
| 9. ANY GROUP TRANSPORTATION PROVIDED? | | | CONTACT INFORMATION | | |
| 10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? | | | IN- SPECTION | PHONE: | |
| 11. ANY SEASONAL EMPLOYEES? | | | NAME: | | |
| 12. IS THERE ANY VOLUNTEER OR DONATED LABOR? | | | ACCTNG RECORD | PHONE: | |
| 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? | | | NAME: | | |
| 14. DO EMPLOYEES TRAVEL OUT OF STATE? | | | CLAIMS INFO | PHONE: | |
| 15. ARE ATHLETIC TEAMS SPONSORED? | | | NAME: | | |

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. 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 (IN SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

REMARKS

A broker fee is included with your premium, see invoice, and pays for us to market your insurance to find the best coverage and price at renewal. It also pays for our claim prevention information to help limit your risk of loss.

APPLICANT'S SIGNATURE _____ PRODUCER'S SIGNATURE _____

APPLICANT TO SIGN HERE & FAX BACK TO 215-663-9794

Your signature allows us to always have your authorization to change your carrier for the same or better coverage with similar rates.