



Distributor Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

Location address: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Description of Operations:

Distributors Classification:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Appliances - Large household | <input type="checkbox"/> Clothing, wearing apparel or footwear | <input type="checkbox"/> Gardening and light farming supply | <input type="checkbox"/> Marketing and promotional items |
| <input type="checkbox"/> Arts and crafts and artwork | <input type="checkbox"/> Cosmetics, fragrances or bath products | <input type="checkbox"/> Gift basket and gift basket supplies | <input type="checkbox"/> Office machine and supplies |
| <input type="checkbox"/> Automobile parts and supply | <input type="checkbox"/> Dollar store inventory | <input type="checkbox"/> Grocery | <input type="checkbox"/> Paper and stationary products |
| <input type="checkbox"/> Barber or beauty shop supplies | <input type="checkbox"/> Dried food | <input type="checkbox"/> Hardware and tool | <input type="checkbox"/> Pet and pet supplies |
| <input type="checkbox"/> Bed linen products | <input type="checkbox"/> Electrical equipment | <input type="checkbox"/> Health and nutrition | <input type="checkbox"/> Plumbing supplies or fixtures |
| <input type="checkbox"/> Beverage - alcoholic other than beer | <input type="checkbox"/> Fabric | <input type="checkbox"/> Hearing aid and optical goods | <input type="checkbox"/> Printers supplies distributors |
| <input type="checkbox"/> Books, newspapers, magazines or periodicals | <input type="checkbox"/> Floor cover | <input type="checkbox"/> Home furniture | <input type="checkbox"/> Seasonal and holiday |
| <input type="checkbox"/> Candles and aromatherapy | <input type="checkbox"/> Frozen food | <input type="checkbox"/> Ice dealers | <input type="checkbox"/> Sporting goods |
| <input type="checkbox"/> Canned food | <input type="checkbox"/> Fruit, vegetable or lower (Fresh only) | <input type="checkbox"/> Jewelry dealers | <input type="checkbox"/> Toys and games |
| | | <input type="checkbox"/> Luggage | <input type="checkbox"/> Other: _____ |

Do you own the building? Yes No (If "No," skip Building Owner Questions under both the property and liability sections below)

Property Section

Construction: Frame Joisted masonry Non-combustible Masonry non-combustible
 Modified fire-resistive Fire-resistive Other _____

Protection class: _____

Requested cause of loss: Basic Special

Requested valuation: Replacement cost Actual cash value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Business personal property limit \$ _____

Business income and extra expense limit \$ _____

Personal property off premises and in transit limit \$ _____

Electronic data limit \$ _____

Interruption of computer operations limit \$ _____

Is this a private, single interest warehouse? Yes No

Is there a central station fire alarm? Yes No

Building Owner

Building limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

Liability Section

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Exposure basis: Annual receipts \$ _____

Any stocking of shelves of set ups at customers' premises Yes No

Are customers permitted in the warehouse? Yes No

Are there any forklifts or mobile equipment used on premises or to deliver goods at client's site other than a hand truck? Yes No

If "Yes," how many machines? _____

Building Owner Section

Is any portion of the building leased to commercial tenants? Yes No If "Yes," applicable sq. ft. _____
 Does the applicant lease any apartments at this location? Yes No If "Yes," number of units _____
 Applicable sq. ft. of apts. _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<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"/>

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages None, or provide detail below.
 Year Status Incurred Description
 _____ Open/Closed \$ _____
 _____ Open/Closed \$ _____
 _____ Open/Closed \$ _____
 Liability Coverages None, or provide detail below.
 Year Status Incurred Description
 _____ Open/Closed \$ _____
 _____ Open/Closed \$ _____
 _____ Open/Closed \$ _____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:
 Age of roof _____ yrs.
 Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____
 Plumbing type: PVC Copper Lead Galvanized Other _____
 What type of burglar alarm is on the premises? Central station Local None

IV. ELIGIBILITY CRITERIA

- Is there any past, pending or planned bankruptcy or judgement for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years? Yes No
 - Has coverage has been cancelled or non-renewed in the last three years (not applicable in Missouri)? Yes No
 If "Yes," advise reason: _____
 - Are all public areas equipped with functioning and operational smoke/heat detectors? Yes No
 - Are there any petroleum, gases or chemicals other than common household goods, raw materials, mining or forestry products distributed/sold? Yes No
 - Is the applicant a motor vehicle, boats, or mobile equipment dealer? Yes No
 - Is the applicant a freight forwarder (Premises preferred eligible)? Yes No
 - Is there any used, salvage, antique or collectable merchandise sold? Yes No
 - Is applicant a subsidiary or have any subsidiaries? Yes No
 If "Yes, submit details: _____
 - Are there any retail operations? Yes No
 If "Yes," please provide details of the types of goods sold and the sales: _____
 - Are any goods of others warehoused on your premises? Yes No
 If "Yes", please provide the type of goods and property limits: _____
 - Is this a merchandise liquidation warehouse? Yes No
 - Are there more than 100 employees? Yes No
 - Number of employees no more than 100 Yes No
 - Is the building square footage more than 100,000? Yes No
- Property**
- Is seasonal exposure reviewed and accepted by home office? Yes No
 - For any building built prior to 1978, does the building have knob-and-tube or aluminum wiring on premises? Yes No
 - For any building built prior to 1978, is 100% of the wiring is on functioning and operational circuit breakers? Yes No
 - Are there functioning and operational fire extinguishers readily available Yes No
 - No gift card or cell phone sales? If "No", theft will be excluded Yes No
 - Any refrigerated operations? Yes No
 If "Yes", what is the area, percentage of operations and products sold? _____
- General Liability**
- Is there no manufacturing, design, altering, assembly, enhancement, labeling or re-labeling of any products? Yes No
 If "Yes", submit and evaluate the eligibility as the manufacturer.
 - Any installation, servicing, design or repair operation? Yes No
 If "Yes", submit and add the appropriate class code.

3. No armed security, firearms or other weapons on premises? Yes No
 If "Yes", add firearms and assault or battery exclusion
4. Is any work subcontracted? If "Yes", add L-500, obtain details, total cost and add class code. Yes No
5. Any manufacturer representatives (Premises Preferred eligible) Yes No
6. Any direct importing or exporting operation? (premises preferred eligible) Yes No

Automobile Parts and Supplies: barber or beauty shop; canned food; cosmetics, fragrances or bath products; dollar store inventory; dried food; frozen food; grocery; health and nutrition; hearing aid and optical goods; toys and games:

1. Is distributor named as an additional insured vendor on all manufacturers policies? Yes No

Appliance Distributor:

1. Is distributor named as an additional insured vendor on all manufacturers policies? Yes No
2. Are all old appliances or electronics disposed of or recycled per established statutes and laws governing the disposal and/or recycling of electronics, appliances, environmental and hazardous waste? Yes No

Automobile Parts and Supplies:

1. Is distributor named as an additional insured vendor on all manufacturers policies? Yes No
2. Any salvage, dismantling, recycling or junk operation? Yes No
3. Any auto repair operation? Yes No
4. Any rental of equipment or equipment rental operation? Yes No

Clothing, wearing apparel or footwear distributors; toys and games - No sales or storage of furs or costumes

electrical equipment:

1. Is distributor named as an additional insured vendor on all manufacturers policies? Yes No
2. Any sales, service, maintenance or repair of security systems? Yes No
3. Any rental of equipment or equipment rental operation? Yes No
4. Any equipment sold for power generating facilities or electrical distribution substations? Yes No

Floor Covering:

1. Any rental of equipment or equipment rental operation? Yes No

Fruit, vegetable or flower distributors (Fresh only):

1. Any involvement in farming, harvesting or treating fruits or vegetables in any way? Yes No

Gardening and light farming supply:

1. Is distributor named as an additional insured vendor on all manufacturers' policies? Yes No
2. Any nursery operations? Yes No
3. Any rental of equipment or equipment rental operation? Yes No

Hardware and Tool:

1. Is distributor named as an additional insured vendor on all manufacturers' policies? Yes No
2. Any rental of equipment or equipment rental operation? Yes No

Plumbing supplies or fixtures:

1. Is distributor named as an additional insured vendor on all manufacturers' policies? Yes No
2. Any rental of equipment or equipment rental operation? Yes No

Seasonal and holiday:

1. Is distributor named as an additional insured vendor on all manufacturers' policies? Yes No
2. Any fireworks or related merchandise sales? Yes No
3. Any rental of equipment or equipment rental operation? Yes No
4. Any sales of storage of furs or costumes? Yes No

Sporting goods:

1. Is distributor named as an additional insured vendor on all manufacturers' policies? Yes No
2. Any firearms or ammunition sales? Yes No
3. Any rental of equipment or equipment rental operation? Yes No

V. ADDITIONAL APPLICANT INFORMATION

What year did the applicant purchase the property? _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

(If your state requires that we have information regarding your authorized retail agent or broker, please provide below.)

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____