

# SADLER & \_\_\_\_\_ COMPANY, INC. \_\_\_\_\_

P. O. Box 5866, Columbia, SC 29250-5866,  
Phone (803) 254-6311, Fax (803) 256-4017  
Toll Free (800) 622-7370

## APPLICATION FOR MANUFACTURERS/ DISTRIBUTORS / INSTALLERS/ IMPORTERS OF SPORTS & RECREATION EQUIPMENT

### Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of the application.
3. Please attach the following information:
  - A. Product brochures, catalogs, service agreements, labels, instructions and/or website address.
  - B. Current audited financial statement (or pro forma)—if requested.
4. If you only want a quote for General Liability (including products liability and completed operations) you do not need to complete pages 9-13.

#### HOW DID YOU HEAR ABOUT SADLER & COMPANY: (Check One)

Search Engine (Which One? \_\_\_\_\_)  Mailer  Referral  Trade Show

If you found us on a search engine, what keyword did you type? \_\_\_\_\_

### 1. Applicant Information

Please type or print in blank ink.

Proposed effective date: \_\_\_\_\_

A. Full name of applicant: \_\_\_\_\_

B. Principal address: \_\_\_\_\_  
\_\_\_\_\_

C. Website Address: \_\_\_\_\_

D. Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_

E. Cell Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_ (\_\_\_\_) \_\_\_\_\_

F. E-mail Address: \_\_\_\_\_

G.  Corporation  Partnership  Proprietorship  Other: \_\_\_\_\_

H. Years in business under present name: \_\_\_\_\_

If less than 3 years, describe prior experience. \_\_\_\_\_  
\_\_\_\_\_

I. Description of Operations (please provide detailed description that is several sentences long) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Describe present or prior affiliation with other firms: \_\_\_\_\_  
\_\_\_\_\_

K. Estimate for upcoming year: US Sales/Receipts: \$ \_\_\_\_\_

Foreign Sales/Receipts: \$ \_\_\_\_\_

L. Payroll estimate: \$ \_\_\_\_\_

M.  Manufacturer  Wholesaler  Retailer  Importer  Exporter  Other: \_\_\_\_\_

## 2. Types of Policies To Be Quoted

- **General Liability**  Yes  No  
*(If yes, complete sections 4,5,6, & 7 of this application)*

Current Insurance Carrier (not agency): \_\_\_\_\_

Current Policy Expiration Date: \_\_\_\_\_

Current Premium Paid: \$ \_\_\_\_\_
- **Worker's Compensation**  Yes  No  
*(If yes, complete section 9 of this application)*

Current Insurance Carrier (not agency): \_\_\_\_\_

Current Policy Expiration Date: \_\_\_\_\_

Current Premium Paid: \$ \_\_\_\_\_
- **Business Auto**  Yes  No  
*(If yes, complete section 10 of this application)*

Current Insurance Carrier (not agency): \_\_\_\_\_

Current Policy Expiration Date: \_\_\_\_\_

Current Premium Paid: \$ \_\_\_\_\_
- **Property**  Yes  No  
*(If yes, complete section 11 of this application)*

Current Insurance Carrier (not agency): \_\_\_\_\_

Current Policy Expiration Date: \_\_\_\_\_

Current Premium Paid: \$ \_\_\_\_\_

## 3. Past Claims Information (For General Liability, Workers Compensation, Business Auto, And Property)

Enter all claims that have occurred for prior five (5) years. If there have been no claims, write "None" in the space below. Hard copy loss runs will be required prior to binding coverage. Please attach a separate page if necessary.

Policy Type (List if General Liability, Work. Comp, Auto, or Property)	Approximate Date of Claim	Description of Claim	Amount Paid

Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you?  Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. General Liability**

	Requested	Present
A. Limits of Liability:	\$ _____	\$ _____
B. Self-insured retention or deductible (specify):	\$ _____	\$ _____
C. Retroactive date (if applicable)	\$ _____	\$ _____

D. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? Y or N

If yes, please attach details. \_\_\_\_\_

Non Owned / Hired Autos

Non-owned/Hired Auto Liability (quote above limits)  Declined  
 (provides coverage if your business is sued as a result of an auto accident arising out of an employee owned vehicle or a rental vehicle)

Hired Auto Physical Damage (Damage to rental vehicle)  Declined  
 Limit \_\_\_\_\_ Annual Rental Expense \_\_\_\_\_

**General Information – Explain all “Yes” responses**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any medical facilities provided or medical professionals employed or contracted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any exposure to radioactive/nuclear materials?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	4. Any operations sold, acquired, or discontinued in last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Machinery or equipment loaned or rented to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Any aircraft, watercraft, docks, floats owned, operated, hired or leased?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any parking facilities owned/rented?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is a fee charged for parking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Recreation facilities provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there a swimming pool on the premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any athletic activities, sporting or social events sponsored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Any structural alterations contemplated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Any demolition exposure contemplated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Has applicant been active in or is currently active in joint ventures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Is there a labor interchange with any other business or subsidiaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Are day care facilities operated or controlled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have any crimes occurred or been attempted on your premises within the last 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Is there a formal written safety and security policy in effect?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Does the businesses’ promotional literature make any representations about the safety or security of the premises?

Operations in any other States? Countries? \_\_\_\_\_

Quote Commercial Umbrella  1,000,000  2,000,000  3,000,000  \_\_\_\_\_

## 5. Products and Completed Operations Section of General Liability

A. Describe your products and services. Show the number of years involved with each product. Indicate which products you distribute, install, service or repair: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Products acquired via acquisition or merger: \_\_\_\_\_  
 Did you assume liability for these products? Y or N

If yes, please explain: \_\_\_\_\_

C. Do you retain liability for products or divisions that you no longer control? Y or N

If yes, please explain: \_\_\_\_\_

D. Do you plan the introduction of any new products? Y or N

If yes, please explain: \_\_\_\_\_

E. Have you discontinued any products? Y or N

If yes, please explain and include the date(s) discontinued: \_\_\_\_\_  
 \_\_\_\_\_

F. Sales History	Sales	Units Sold	Principal product(s) and/or service(s)	Percent of total sales
Estimated (next 12 months)	\$ _____	_____	_____	_____
Past 12 months:	\$ _____	_____	_____	_____
1 <sup>st</sup> previous year:	\$ _____	_____	_____	_____
2 <sup>nd</sup> previous year:	\$ _____	_____	_____	_____
3 <sup>rd</sup> previous year:	\$ _____	_____	_____	_____
4 <sup>th</sup> previous year:	\$ _____	_____	_____	_____

Replacement parts are what percentage of total sales? \_\_\_\_\_%

G. Has there been a significant change in product mix? Y or N

H. Do you import products or component parts? Y or N

I. Do you export products or have foreign operations? Y or N

J. Could any of your products or services be used on or in connection with:

Pharmaceuticals/cosmetics/vitamins/herbs? Y or N

Aircraft/missile/aerospace? Y or N

Transportation/pollution/waste treatment? Y or N

K. Do you make or handle any product that is explosive, flammable or poisonous, either by itself or in combination with other materials? Y or N

L. Are any of your products sold under another company's name or label? Y or N

M. Do you purchase materials or components for others? Y or N

- N. Do you assemble your products? Y or N
- O. If your product is assembled by others, do you supervise? Y or N
- P. Do you install your product? Y or N
- Q. Have you ever manufactured or distributed asbestos-containing products? Y or N
- R. If your product is installed by others, do you supervise or furnish instructions as to installation? Y or N

If yes, please attach a copy.

- S. Percent of total sales to: Wholesalers \_\_\_\_\_% Retailers \_\_\_\_\_% Consumers \_\_\_\_\_%  
 East \_\_\_\_\_% Midwest \_\_\_\_\_% West \_\_\_\_\_%

T. Suppliers and distributors:

Do you hold them harmless or insure them? Y or N

Do they hold you harmless or insure you? Y or N

If yes, to either of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Loss Prevention---Product Design---Quality Control**

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? If yes, please attach details. Y or N
- B. Do you have a written product recall plan? If yes, please attach a copy. Y or N
- C. Have you ever recalled products because of a potential product safety hazard? Y or N  
 If yes, attach details indicating percent of recovery.
- D. Do you do your own design work? Y or N
- E. Do you maintain records of design changes and reasons justifying these changes? Y or N
- F. Are your designs subject to independent external review, testing or certification? Y or N
- G. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Y or N
- H. Are written testing procedures followed? Y or N
- I. How long are quality control and testing records kept? \_\_\_\_\_
- J. Supplies and components?
1. Are they ordered to your specifications? Y or N
2. Have you determined which ones are critical to the safety of your final product? Y or N
3. List those critical items, indicate whether testing is on a sample basis or on all units: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are warranties obtained from all suppliers? Y or N

**7. Instructions---Warnings---Loss Control---Defense**

A. Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Y or N

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Explain how you identify your products and parts from similar competitors' products and parts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Can you determine based on available records for all products you have sold:

- 1. When any given product item was manufactured? Y or N
- 2. To whom it was sold, and the date of sale? Y or N
- 3. Who supplied parts and supplies? Y or N

D. Accident procedure:

- 1. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product? Y or N
- 2. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Y or N

**Additional Insured Information/List any entities for which proof of insurance must be provided.**

Description of Interest	Additional Insured's Name and Mailing Address	A/I's Fax# / Email

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

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Applicant's Signature

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Producer's Signature (if applicable)

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Applicant's Name (print)

---

Producer's Name (print)

---

Date (MM/DD/YY)

---

Date (MM/DD/YY)

**Return This Application To:**

Sadler & Company, Inc.  
P.O. Box 5866  
Columbia, SC 29250

803-254-6311      local  
800-822-7370      toll free  
803-256-4017      fax



## 9. Worker's Compensation Information

(Complete this section only if you desire a quote for Workers' Compensation)

Federal Employers Tax ID: \_\_\_\_\_

Declined Coverage

### Locations

#	STREET, CITY, COUNTY, STATE, ZIP CODE

### Employer's Liability Limits – choose one of the following options

<input type="checkbox"/> \$100,000 Each Accident <input type="checkbox"/> \$500,000 Disease-Policy Limit <input type="checkbox"/> \$100,000 Disease Each Employee	<input type="checkbox"/> \$500,000 Each Accident <input type="checkbox"/> \$500,000 Disease-Policy Limit <input type="checkbox"/> \$500,000 Disease Each Employee	<input type="checkbox"/> \$1,000,000 Each Accident <input type="checkbox"/> \$1,000,000 Disease-Policy Limit <input type="checkbox"/> \$1,000,000 Disease Each Employee
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Do you have a written Drug Free Workplace Program? \_\_\_\_\_

### Rating Information

STATE	LOC #	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	OWNER OFFICER *INC/EXC	# EMPLOYEES		ANNUAL PAYROLL
					*FT	*PT	
			Clerical Workers				
			Outside Sales				
			Manufacturing Workers				
			Distribution Workers				
			Installation Workers				
			Uninsured Subcontractors				
			Other:				
			Other:				

\*FT= Full Time    PT=Part Time  
 INC= Included Under Coverage  
 EXC= Excluded From Coverage

### General Information – Explain all “Yes” responses in the “Remarks” space provided below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any work performed underground or above 15 feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any work performed on barges, vessels, docks, bridge over water?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is applicant engaged in any other type of business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are sub-contractors used? (If yes, give % of work subcontracted.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Any work sublet without certificates of insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is a written safety program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any group transportation provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Any employees under 16 or over 60 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Any seasonal employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there any volunteer or donated labor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any employees with physical handicaps?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do employees travel out of state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are physicals required after offers of employment are made?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are employee health plans provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Is there a labor interchange with any other business/subsidiary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Do any employees predominantly work at home?

## 10. Business Auto Information

(Complete this section only if you desire a quote for your Business Automobiles)

### Driver Information

Total number of Employees \_\_\_\_\_ Total Number of Drivers \_\_\_\_\_ See attached driver list

Driver's Legal Name	Sex	Date of Birth	Drivers License Number & State

### Accidents/Convictions

Has any driver shown above had an accident, regardless of fault, or been convicted of a moving violation with the last 3 years?  Yes  No

If yes, answer the following questions for each accident/conviction

Driver	Date of Accident/Conviction	Description of Accident/Conviction	Place of Accident/Conviction	Bodily Injury or Death?	Dollar Amount of Loss

### Vehicle Information

See attached vehicle list

\*NI=Named Insured

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year			
Make			
Model			
Body Type			
Vehicle ID #			
Registered State			
Cost New	\$ _____	\$ _____	\$ _____
Description of Use			
Location Garaged			
Radius of Operation	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.
Physical Damage Coverage?	Comp Deductible \$ _____ <input type="checkbox"/> None Coll Deductible \$ _____ <input type="checkbox"/> None <input type="checkbox"/> Lien	Comp Deductible \$ _____ <input type="checkbox"/> None Coll Deductible \$ _____ <input type="checkbox"/> None <input type="checkbox"/> Lien	Comp Deductible \$ _____ <input type="checkbox"/> None Coll Deductible \$ _____ <input type="checkbox"/> None <input type="checkbox"/> Lien

Another page with additional vehicles? Yes No Total Numbers of Vehicles \_\_\_\_\_

***Please Make A Copy of This Page If More Than 3 Vehicles Are To Be Insured.***

## Auto Limits to be Quoted

Liability                     \$500,000                     \$1,000,000

Note: We will automatically quote Uninsured/Underinsured Motorists and Non Owned/Hired Auto Liability at the same limits as your Liability.

Hired Car Physical Damage (pays for damage to your rental car)  
 Quote limit of 35,000 per vehicle     Rejected                     Higher Limit Needed: \$ \_\_\_\_\_

### General Information – Provide explanation for all “Yes” responses

<input type="checkbox"/> Yes <input type="checkbox"/> No	With the exception of any encumbrances, are any vehicles not solely owned by and registered to the insured?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do over 50% of the employees use their autos in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a vehicle maintenance program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles leased to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles customized, altered or have special equipment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are ICC, PUC or other filings required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do operations involve transporting hazardous material?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any hold harmless agreements?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any vehicles used by family members? If so, identify in Remarks.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant obtain MVR verifications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a specific driver recruiting method?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any drivers not covered by workers compensation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any vehicles owned but not scheduled on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any drivers with moving traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regularly drive vehicles not owned by you?

Remarks

### Lienholder Information

<i>VEH No.</i>	LIENHOLDER NAME AND MAILING ADDRESS	LOAN NUMBER

## 11. Property Insurance – For Building and/or Contents

(Complete this section only if you desire a quote for your building and/or contents)

Building #1	Building #2	Building #3
Address: _____ City: _____ State: _____ Zip: _____ Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office Building Occupied Primarily As: _____ _____ (ex: office, warehouse, manufacturing, etc.)  Year Built _____ Sq. ft. area _____ Sprinklered?           Y    N Inside City Limits?   Y    N Number of Stories: _____ Building Improvement: Wiring—Yr. Updated: _____ Plumbing—Yr. Updated: _____ Heating—Yr. Updated: _____ Roof—Yr. Updated: _____ Roof Type: _____ Type of Construction: <input type="checkbox"/> Frame ( <i>wood wall supports and roof supports</i> ) <input type="checkbox"/> Joisted Masonry ( <i>concrete/block wall supports and wood roof supports</i> ) <input type="checkbox"/> Non-Combustible ( <i>metal wall supports and roof support</i> ) <input type="checkbox"/> Masonry Non Combustible ( <i>concrete/block wall supports and metal roof supports</i> ) <input type="checkbox"/> Fire Resistive ( <i>concrete wall supports and concrete roof supports</i> ) <input type="checkbox"/> Other: _____ _____ Amount of Insurance Needed For 100% Replacement (Brand New): Building: \$ _____ Furniture/Equipment/Contents: \$ _____ Computer Hardware/Software: \$ _____ Tenants Improvements & Betterments: \$ _____ Inventory: \$ _____ Raw Stock: \$ _____ Other: _____ \$ _____	Address: _____ City: _____ State: _____ Zip: _____ Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office Building Occupied Primarily As: _____ _____ (ex: office, warehouse, manufacturing, etc.)  Year Built _____ Sq. ft. area _____ Sprinklered?           Y    N Inside City Limits?   Y    N Number of Stories: _____ Building Improvement: Wiring—Yr. Updated: _____ Plumbing—Yr. Updated: _____ Heating—Yr. Updated: _____ Roof—Yr. Updated: _____ Roof Type: _____ Type of Construction: <input type="checkbox"/> Frame ( <i>wood wall supports and roof supports</i> ) <input type="checkbox"/> Joisted Masonry ( <i>concrete/block wall supports and wood roof supports</i> ) <input type="checkbox"/> Non-Combustible ( <i>metal wall supports and roof support</i> ) <input type="checkbox"/> Masonry Non Combustible ( <i>concrete/block wall supports and metal roof supports</i> ) <input type="checkbox"/> Fire Resistive( <i>concrete wall supports and concrete roof supports</i> ) <input type="checkbox"/> Other: _____ _____ Amount of Insurance Needed For 100% Replacement (Brand New): Building: \$ _____ Furniture/Equipment/Contents: \$ _____ Computer Hardware/Software: \$ _____ Tenants Improvements & Betterments: \$ _____ Inventory: \$ _____ Raw Stock: \$ _____ Other: _____ \$ _____	Address: _____ City: _____ State: _____ Zip: _____ Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office Building Occupied Primarily As: _____ _____ (ex: office, warehouse, manufacturing, etc.)  Year Built _____ Sq. ft. area _____ Sprinklered?           Y    N Inside City Limits?   Y    N Number of Stories: _____ Building Improvement: Wiring—Yr. Updated: _____ Plumbing—Yr. Updated: _____ Heating—Yr. Updated: _____ Roof—Yr. Updated: _____ Roof Type: _____ Type of Construction: <input type="checkbox"/> Frame ( <i>wood wall supports and roof supports</i> ) <input type="checkbox"/> Joisted Masonry ( <i>concrete/block wall supports and wood roof supports</i> ) <input type="checkbox"/> Non-Combustible ( <i>metal wall supports and roof support</i> ) <input type="checkbox"/> Masonry Non Combustible ( <i>concrete/block wall supports and metal roof supports</i> ) <input type="checkbox"/> Fire Resistive( <i>concrete wall supports and concrete roof supports</i> ) <input type="checkbox"/> Other: _____ _____ Amount of Insurance Needed For 100% Replacement (Brand New): Building: \$ _____ Furniture/Equipment/Contents: \$ _____ Computer Hardware/Software: \$ _____ Tenants Improvements & Betterments: \$ _____ Inventory: \$ _____ Raw Stock: \$ _____ Other: _____ \$ _____

***Please Make A Copy Of This Page If More Than 3 Buildings Are To Be Insured.***

**Additional Insured Information/ List any entities, such as mortgage holder, landlord, for which proof of insurance must be provided.**

<b>Description of Interest</b>	<b>Additional Insured's Name and Mailing Address</b>	<b>A/I's Fax# / Email</b>