



**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?                  |                             |    | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?                         |                    |                    |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?         |                             |    | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? |                    |                    |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? |                             |    | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?                       |                    |                    |
| 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?                |     |    | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?                               |     |    |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?                 |     |    | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?           |     |    |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?             |     |    | 8. PRODUCTS UNDER LABEL OF OTHERS?   |     |    |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?                       |     |    | 9. VENDORS COVERAGE REQUIRED?  |     |    |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?                            |     |    | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?                    |     |    |

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 type="checkbox"/> ADDITIONAL INSURED |       |                  |  |                      | LOCATION:               |
| <input type="checkbox"/> LOSS PAYEE         |       |                  |  |                      | BUILDING:               |
| <input type="checkbox"/> MORTGAGEE          |       |                  |  |                      | VEHICLE:                |
| <input type="checkbox"/> LIENHOLDER         |       |                  |  |                      | BOAT:                   |
| <input type="checkbox"/> EMPLOYEE AS LESSOR |       |                  |  |                      | SCHEDULED ITEM NUMBER:  |
| OTHER                                       |       |                  |  |                      |                         |
| 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?  |     |    | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   |     |    |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?  |     |    | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  |     |    |
| 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) |     |    | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?   |     |    |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?   |     |    | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   |     |    |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?  |     |    | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  |     |    |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?   |     |    | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?  |     |    |
| 7. ANY PARKING FACILITIES OWNED/RENTED?  |     |    | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?                           |     |    |
| 8. IS A FEE CHARGED FOR PARKING?   |     |    | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?   |     |    |
| 9. RECREATION FACILITIES PROVIDED?   |     |    | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? |     |    |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES?  |     |    |  |     |    |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED?   |     |    |  |     |    |
| REMARKS  |     |    |  |     |    |