

Is receipt issued to customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, attach a copy.
Total number of employees:	Are employees bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what bonding company?

BAILEE/PROCESSOR INFORMATION –Types of property; average and maximum values

COMMODITY	LOC #	AVERAGE / MAXIMUM VALUES	PROCESS / WORK PERFORMED
		/	
		/	
		/	

PROVIDE TOTAL PROCESSING GROSS RECEIPTS AS FOLLOWS:

YEAR	GROSS RECEIPTS	AVERAGE VALUES	MAXIMUM VALUES
Prior 12 months			
Next 12 months (anticipated)			

TRANSPORTATION INFORMATION – Including deliveries, pick-ups and interplant shipments

Mode of transportation: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Owned Vehicles
Radius of operation:

PROVIDE TRANSPORTATION INFORMATION AS FOLLOWS:

YEAR	ANNUAL VALUES SHIPPED	AVERAGE VEHICLE	MAXIMUM VEHICLE
Prior 12 months			
Next 12 months (anticipated)			

COVERAGE INFORMATION

Limit, any one location: (Per schedule of locations, unless noted here)	Deductible:
--	-------------

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:
Explain any periods when insurance was not in place:

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN/ CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ADDITIONAL 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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____