,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000000000000000000	RD. UMBR PHONE (A/C, No, Ext):			APPLICAN (First Named	**********											
						Insured) EFFECTIVE DATE EXPIRATION			DIRECT BIL				ENT PLAN		AUDIT		
					FOR						BILL	-					
COI	DE:	SUBCODE:	USE ONLY	COMPANY													
AGE	ENCY STOMER ID:	1000000			1												
9000000	99999999999999999	ORMATION			•												
		TRANSACTION TYPE				LIMI	T OF LIABILI	TY				R	ETAINED LIN	IIT			
NEW PROPOSED RETROACTIVE DATE				\$	EACH OCCURRENCE \$												
RENEWAL																	
					RRENT RETROACTIVE DATE: FIRST DOLLAR DEFE									YES	NO		
	······	DCATION & SUBSIDIAR		***********	NUEC /D		>		•						_1		
#	NAME	AND LOCATION OF PRIMARY	AND ALL SUBSIDIAN	TT COMPA	NIES (Descri	De Operati	ons)	ANNU	AL F	PAYROLL	+	ANN GROSS SALES	FOREIGNG	ROSSSALE	S # EMPL		
UN	DERLYIN	G INSURANCE											1				
000000	***************************************	LIS	ST ALL LIABILITY/CO!	MPENSATIC	ON POLICIES I	IN FORCE	TO APPLY AS	UNDERLY	ING	INSURANC	 E		***************************************		+-		
	TYPE	CARRIER/POLICY	NUMBER	POLICY	FFF DATE	POLICY	EXP DATE			LIN	MITS		ANNUAL RENEWAL PREMIUM		RATING MOD		
								CSL			\$		\$				
	TOMOBILE IABILITY						Ві			\$		\$					
					PD						\$		\$				
	ENERAL				EACH OCCURREN						\$		PREM/OPS				
	LITY LICY TYPE				PROD & COMP OPS						\$	\$			-		
_	OCCUR				AGGREGATE PERSONAL & ADV						\$		PRODUCTS				
-	CLAIMS						INJURY FIRE DAMAGE			\$		\$ OTUED		4			
	MADE							MEDICAL			\$ \$		OTHER				
						-		EACH AC			\$ \$	****	\$				
	EMPLOYERS			DISEASE POLICY LIMIT						* \$		\$					
MADE							DISEASE EACH EM	IPI O		<u>. </u>		1					
UNE	ERLYING GE	ENERAL LIABILITY INFORMATION	ON (Explain all "YES	* response	s)		1 1				_						
1		NSE COSTS:	WITHIN AG		-			PARATE L				UNLIMITED?					
2		THE EDITION DATE OF THI													 		
3		PRODUCT, WORK, ACCIDE					***************************************	F INSURE	D F	-ROM ANY	PF	REVIOUS COVERAG	E?	YES	NO		
4		MS MADE, INDICATE RETRO															
5 6		MS MADE, INDICATE ENTRY MS MADE, WAS "TAIL" COVE	•						HC		Т	YES, EFF. DAT			NO		
-		HECKALLCOVERAGESINUNDERI FFERENT LIMITS, EXTENSIONS,									OVIE				INO		
	DIF	CHECK IF APPROPRIATE	<u> </u>	OVERAGE		VENAGES	BETOND 31	ANDARD FO		EXPOSURE	1	OVERAGE			XPOSURE		
	ANY AUTO	(SYMBOL 1)		CARE,	, CUSTODY, C	CONTROL	<u> </u>				T	PROFESSIONAL L	JABILITY (E&C				
	CGL - CLAIMS MADE				OYEE BENEF	IT LIABILITY					VENDORS LIABILI	TY					
CGL - OCCURRENCE				FORE	FOREIGN LIABILITY/TRAVEL							WATERCRAFT LIA	BILITY				
COVERAGE EXPOSURE					ARAGEKEEPERS LIABILITY												
	AIRCRAFT	LIABILITY		INCIDI	ENTAL MEDIC	CAL MALPR	RACTICE				1						
	AIRCRAFT PASSENGER LIABILITY				QUOR LIABILITY												
LINIT		AL INTERESTS SUBANCE COVERAGE INFORMA	ATION (INCLUDE ALL		JTION LIABILI		RSEMENTS	DISCORNIA	JATI	ON SUBBO	GAT	ION WAIVERS OR					
EXT	ENSIONS OF	SURANCE COVERAGE INFORMA COVERAGE - ATTACH SEPARAT	TE SHEET IF NECES	SARY)	ions, e.u. LA	OCH ENUC	JINGEWENTS,	PIOCHIMIN	VA 1 I	OIA' SORKO	MD	ION WAIVERS, UH					
PRE	VIOUS EXPE	RIENCE: (GIVE DETAILS OF ALL	LIABILITY CLAIMS EX	(CEEDING S	\$10,000 OR C	CCURREN	ICES THAT M	IAY GIVE RI	SE T	O CLAIMS.	DUF	RING THE PAST 5 YEAR	RS,				
WHE	THER INSUF	RED OR NOT. SPECIFY DATE, CO	OVERAGE, DESCRIP	TION, AMO	UNT PAID, AN	NO TRUDON	TSTANDING)			·							
	NO SUCH	CLAIMS															

0.000	***	IETANV AA	TROI			***			****											
>>>>>>	j*****	USTODY, CON	***************************************		B+ C	, D,	SQ FT OF BLI]			~~~	LIDANOV	/ DESCRIPTION OF REPROM	N DOODEDTY					
LOC		ROPERTY TYPE	VALUE	A*	B* C	υ.	SQFIOFBL	JG OCC				OCC	UPANCY	DESCRIPTION OF PERSONA	AL PROPERTY					
	-	REAL																		
		PERSONAL		+-	+-+-	╁			\vdash											
		REAL																		
	-	PERSONAL REAL		_		+														
	-	PERSONAL		ŀ																
**			HARMIESS IN THE	LEAS	F IRI	HΔ	S A WAIVER O	F SI IBB		TION ICLI	SAN	IAMET	NSUB	ED IN THE FIRE POLICY, [NI OTHER (e	necify)				
	*****	NAL EXPOSUI	***************************************		_, [0]		JA WAIVEN O	CODIN					<i>,</i>	ED IN THE TIME TOCKOT, I	oj omenija	pecayy				
**********	******	***************************************	ES, PROVIDE OTHER IN	FORM	AATION	OOF	OUIRED	VES	NO	FYPI AIN		FS" RF	SPONSE	S, PROVIDE OTHER INFORM	ATION REGIS	BED.	YES NO			
		RS LIABILITY	·				4011125		1.10	POLLUTIO				PA#:	ATTONTILEGOT		ilo No			
		USED:		ANN	IUAL C	COS	ST: \$													
			ADVERTISING AGEN											PRODUCTS, OR THEIR CO MATERIALS THAT MAY RE		•				
			IDED UNDER AGENC			?								THODS?						
		JABILITY								21. INDIC	CATE	THE (COVERA	GES CARRIED:	····					
			N/LEASE/OPERATE A	RCR/	AFT?								GL WITI	H STANDARD ISO POLLUT	ION EXCLUS	SION				
AUTO L								'	<u>' </u>	1			GL WITI	H STANDARD SUDDEN & A	ACCIDENTAL	. ONLY				
			ISTICS, FLAMMABLE	SOR	OTHE	R							GL WITI	H POLLUTION COVERAGE	ENDORSEM	IENT				
		ROUS CARGO			O	•							SEPARA	ATÉ POLLUTION COVERAC	iE.					
6. AR	E P/	ASSENGERS CAI	RRIED FOR A FEE?							PRODUC	T LIAB	ILITY								
			ED BY UNDERLYING	POLI	CIES?	,				<u> </u>			ENGINE	S. GUIDANCE SYSTEMS	RAMES OR	ANY				
8. AR	E Al	NY VEHICLES LE	ASED OR RENTED T	TO C	HERS?	,					22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?									
9. AR	EH	RED AND NON/	OWNED COVERAGES	PRO	VIDED	?				23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?										
CONTR	LACT	ORS LIABILITY						•	•	24. ARE	U.S. F	PRODI	UCTS SC	DLD/DISTRIB'D IN FOREIG	N COUNTRIE	S?				
10. IS I	BRID	OGE, DAM, OR M	ARINE WORK PERFO	RME)?					25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)										
11. DE	SCF	RIBE TYPICAL JO	BS PERFORMED (AT	TACH	SEPA	RA	TE SHEETS):			26. GROSS SALES FROM EACH OF LAST 3 YEARS:										
										\$ \$										
										PROTECTIVE LIABILITY										
12. DE	SCF	RIBE AGREEMEN	T (ATTACH SEPARAT	E SH	EETS)	:				27. DES	CRIBE	INDE	PENDE	NT CONTRACTORS (ATTA	CH SEPARAT	E SHEETS)):			
13. DO	ES.	APPLICANT OWN	I, RENT, OR OTHERW	/ISE (JSE C	RAN	NES?													
			S CARRY COVERAGE	S OR	LIMIT	s										7				
LE	SS 1	THAN APPLICAN	Γ? 						L	WATERC	RAFT L	LIABIL	ITY							
EMPLO	YER	S LIABILITY								28. DOES APPLICANT OWN OR LEASE WATERCRAFT?										
15. IS /	APP	LICANT SELF-IN	SURED IN ANY STATI	?						# OWN	ED		LEN	IGTH HORSEI	POWER					
16. SU	BJE	СТ ТО:	JONES ACT	FELA	. [STOP GAP													
			OTHER:							<u> </u>			·							
INCIDE	NTA	L MALPRACTICE L	IABILITY						,	APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS										
17. IS /	A H	SPITAL OR FIRS	ST AID FACILITY MAIN	ITAIN	ED?				<u> </u>	# STOR!	ES	#	UNITS	# SWIMMING POOLS	# DIVING E	OARDS				
18. AR	E C	OVERAGES PRO	VIDED FOR DOCTOR	S/NL	JRSES	3?				4										
19. IN	DICA	TE # OF DOCTO	DRS: NU	RSES	:		BEDS:													
REM	\AK	5		VE	HCLI	S				# NON			,				OVER			
						TY	PE	# OWN	ED	# NON- OWNED	# LE	ASED		PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI			
				F	PRIVATI	E PA	SSENGER				ļ									
						L	LIGHT				<u> </u>									
				ТР	UCKS	L	MEDIUM													
				' ^{''}	JUNG	L	HEAVY	ļ												
						_	EX. HEAVY													
				TRI	UCKS/	L	HEAVY													
				TRA	CTORS		EX. HEAVY													
				В	JSES			ļ			ļ <u>.</u>						ļ			
				L				<u> </u>												
APPLIC	CAB	E IN LOUISIANA	, NEW MEXICO, OHI	O, TE	NNES	SEE	AND VERMO	NT:												
I ACKI UM LII	NOV MITS	VLEDGE THAT US EQUAL TO M	UNINSURED MOTOR Y LIABILITY LIMITS,	ISTS UM I	(UM) LIMITS	CC LC	OVERAGE HAS OWER THAN	BEEN My Liai	EXI 31LI1	PLAINED T TY LIMITS,	OR 1	E, AN	ID I HAV EJECT U	VE BEEN OFFERED THE JM COVERAGE ENTIRELY	option of /.	SELECTIN	G			
1. I SE	LEC	T UM LIMITS INC	DICATED IN THIS APP	LICA	TION.			(INITIA	ALS)	OR	2.11	REJE(CT UM C	OVERAGE IN ITS ENTIRE	Υ	(IN	IITIALS)			
IMPO														ANT'S SIGNATURE		DATE	/			
			SWERS) GIVEN ABO EALED OR MISREPI																	
COV	VVI ICEI	RNING THIS AP	PLICATION. THIS A	PPLIC	OITA	رات رات	OES NOT CO	ONSTITU	ЛE	A BINDE	R.	-								
******	0000000	31-5 (5/94)																		