



13. Are any products sold under applicant's label? .....  Yes  No
14. Does applicant sell any used items? .....  Yes  No  
 If yes, what percent of sales does this represent? ..... %  
 Any refurbishing or repair done prior to resale? .....  Yes  No
15. Are any products sold intended for use in the airline or oil/gas industry? .....  Yes  No
16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico? .....  Yes  No
17. Does applicant hold a patent for any product? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
18. Has applicant designed any products or had products designed by others? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
19. Indicate which of the following products applicant distributes or sells:
- |   |   |
|---|---|
| <input type="checkbox"/> Aircraft or related products             | <input type="checkbox"/> Fuel   |
| <input type="checkbox"/> Ammunition/Black powder                  | <input type="checkbox"/> Fur apparel                                    |
| <input type="checkbox"/> Anhydrous ammonia                        | <input type="checkbox"/> Industrial valves and fittings                 |
| <input type="checkbox"/> Antiques                                 | <input type="checkbox"/> Jewelry or gemstones                           |
| <input type="checkbox"/> Art                                      | <input type="checkbox"/> Kava drinks or candy                           |
| <input type="checkbox"/> Blood or plasma                          | <input type="checkbox"/> Liquor sales via internet                      |
| <input type="checkbox"/> Boats                                    | <input type="checkbox"/> Medical equipment                              |
| <input type="checkbox"/> Cell phones or pagers                    | <input type="checkbox"/> Museum artifacts                               |
| <input type="checkbox"/> Chemicals                                | <input type="checkbox"/> Natural, artificial or liquid petroleum or gas |
| <input type="checkbox"/> Collectible/Memorabilia sales            | <input type="checkbox"/> Oriental rugs                                  |
| <input type="checkbox"/> Computer equipment                       | <input type="checkbox"/> Pharmaceutical                                 |
| <input type="checkbox"/> Contractors equipment                    | <input type="checkbox"/> Photography equipment                          |
| <input type="checkbox"/> Electronic/Vapor cigarettes              | <input type="checkbox"/> Recording equipment                            |
| <input type="checkbox"/> Electronic equipment/Components          | <input type="checkbox"/> Sporting goods or Athletic equipment           |
| <input type="checkbox"/> Electronic media (i.e., CDs, DVDs, etc.) | <input type="checkbox"/> Stereo equipment                               |
| <input type="checkbox"/> Explosives                               | <input type="checkbox"/> Telecommunication equipment                    |
| <input type="checkbox"/> Feed, grain or seeds                     | <input type="checkbox"/> Televisions                                    |
| <input type="checkbox"/> Fertilizer                               | <input type="checkbox"/> Tires  |
| <input type="checkbox"/> Firearms                                 | <input type="checkbox"/> Tobacco  |
| <input type="checkbox"/> Fireworks                                | <input type="checkbox"/> Vitamins or health supplements                 |
| <input type="checkbox"/> Foreign products                         |   |
20. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

21. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.