



United States Liability Insurance Group
Premises Preferred

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

Applicant's name _____

If you have a website, include your website address: _____

- 1. Sales - Check applicable box:
[] up to \$250,000 [] \$250,001-\$500,000 [] \$500,001-\$1,000,000 [] \$1,000,001-\$2,000,000
[] \$2,000,000-\$5,000,000 [] \$5,000,001 and up (risks with sales greater than \$5,000,000 are ineligible)

- 2. Applicant has International Operations..... [] No [] Yes
If yes, please provide details: _____

- 3. Applicant has any of the following heavy products or liability exposures:... [] No [] Yes
Aircraft Explosives Reclaimed or Recycling Center
Auto Medical Equipment Rentals
Boat Petroleum Tire Dealers or Manufacturers
Chemicals Pollution Issues Tobacco
Drug Manufacturer Railroad Waste

- 4. Applicant manufactures products other than those listed in question 3 above?..... [] No
If yes, please provide details: _____

- 5. Applicant has high "trip and fall" exposure such as..... [] No [] Yes
Airport Flea Market Supermarket
Casino Gymnasium Swimming Pool
Fair Play center Terminal

- 6. Applicant is a Contractor?..... [] No [] Yes

- 7. Applicant has a Stable or Farm operation?..... [] No [] Yes

- 8. Applicant provides Web and/or Software Development or Programming services? [] No [] Yes

Important Note: Coverage is limited to premises liability at the location address(es) scheduled in our policy, subject to the terms and conditions of our policy. The products-completed operations hazard is Not insured.

Required: An Acord Application and this Premises Preferred Supplemental Application, completed and signed, within 21 days of binding.

Read and Sign below: I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated. 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 shall be prosecuted to the full extent of the law.

Applicants Signature _____

Date _____