



CARRIER:

United States Liability Insurance Company

The Office Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Audit contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership Nonprofit corporation Trust Other _____

Description of Operations:

Classification:

- Accountants
- Advertising agency
- Answering service
- Appraiser (non-real estate)
- Background check service
- Bill payment service
- Bookkeeper
- Calligraphy
- Data base management
- Desktop publishing
- Draftsman
- Employment agency
- Financial planning
- Genealogist
- Grant writing service
- Graphic designer
- Human resource consultant
- Insurance agencies
- Insurance risk manager
- Investment advice
- Inventory control specialist
- Lawyers office
- Literary agent
- Loan origination office
- Mailing service
- Management consultant
- Marketing consultant
- Marketing research
- Medical offices
- Medical transcript service
- Mortgage brokers
- Notary
- Paralegal
- Real estate offices
- Real estate consultant
- Resume service
- Statistical consultant
- Tax preparer
- Telecommunication consultant
- Telemarketing office
- Ticket agencies
- Title agent
- Travel agent (no tour)
- Word processing
- Writers/Authors
- Other: _____

1. Do you own the building? Yes No (If "No", skip Building Owner questions under both the Property and Liability sections below)

Property section

Building Construction:			
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry noncombustible	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Modified fire resistive
<input type="checkbox"/> Noncombustible	<input type="checkbox"/> Fire resistive		
FUS Grade	Cause of Loss	Deductible	Number of Stories
_____	<input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other _____	_____
Type of Burglar Alarm			
<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None			
What year was the building constructed? _____		Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____			
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____			
When was the roof last completely replaced or recoated? _____			
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			

What is the square footage of the entire structure? _____ sq. ft.

Building Limit: \$ _____ **Coinsurance (80% minimum)** _____ % ACV RC

Business Personal Property Limit: \$ _____ **Coinsurance (80% minimum)** _____ % ACV RC

Business Income Limit: \$ _____ **Coinsurance** _____ **or** **Monthly Limit of Indemnity**

With extra expense Without extra expense 50% 60% 70% 1/3 1/4 1/6

80% 90% 100%

Liability Section

2. What year did the business start? _____
3. Annual payroll: \$ _____
4. Employment practices: Number of full-time employees _____ Number of part-time employees _____
5. Occurrence/Aggregate limit \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million
 \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million
6. No more than \$3,000,000 in annual gross receipts True False
7. Primary type of operations are clerical in nature True False

Building Owner

8. Is any portion of the building leased to commercial tenants? Yes No
 If "Yes," applicable sq. ft. _____
9. Does the applicant lease any apartments at this location? Yes No
 If "Yes," number of units _____ Applicable sq. ft. of apts. _____

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages None, or provide detail below.

Date of Loss	Description of loss	Incurred	Status
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Liability Coverages None, or provide detail below.

Date of Loss	Description of loss	Incurred	Status
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

III. ELIGIBILITY CRITERIA

10. No bankruptcies, tax or credit liens against the applicant in the last five years True False
11. Coverage has not been cancelled or non-renewed in the last three years True False
- If "False," explain: _____

12. Insured does not occupy more than 25,000 square feet True False
13. The applicant has not, is not and will not act as franchisor (grantor of a franchise) True False
14. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False
15. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring N/A True False
16. Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False

General Liability

17. No packing, assembly or manufacturing of any products True False
18. No artisan contractors/general contractors True False
19. No retail or wholesale of products True False
20. **Travel Agent** – No organizing or guiding of tours True False
21. **Medical Office** – Applicant does not provide physical rehabilitation services True False
22. **Appraisers** – No rare or collectible property coverage requested True False

Real Estate

23. No property management True False

Professional Lines

24. During the past five years no claim has been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owner, partners, officers, directors, employees or independent contractors? True False
If "False," explain: _____
25. No owner, partner, officer, director, employee or independent contractor is aware of a circumstance, allegation, contention or incident which may result in a claim being made against the applicant, its predecessor(s) in business or any of its present or former partners, owners, officers, directors, employees or independent contractors? True False
If "False," explain: _____

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.