

Agent Information

| Agency Name: | |
|----------------|---------|
| Agency Code: | |
| Producer/CSR: | |
| Phone: | |
| Email: | |
| New | Renewal |
| Policy Number: | |

Fire Suppression Supplemental

National Fire & Marine Insurance Company National Indemnity Company of the South

(Complete in Addition to M-5593 General Liability Application)

| | | | Po | licy Term Fron | n: | To: |
|-----|---|-----------------------|-------------------|-----------------|--------------|------------------|
| 1. | Name of applicant: | | | | | |
| | (Complete one supplemental for e | each named insur | ed and for eacl | ı risk.) | | |
| 2. | Physical location address: | | | | | |
| 3. | Contact information for premium audit | s and inspections | (name & phon | e): | | |
| 4. | Does your business maintain a websit | e? 🗌 Yes 🗍 | No | | | |
| | If yes, list the web address: | | | | | |
| 5. | Do you have any operations, exposure | es, or ventures, a | ctive or inactive | , not listed on | this applica | tion? 🗌 Yes 🗌 No |
| | a. If yes, provide entity name(s): | | | | | |
| | b. Do all entities carry General Liabi | lity insurance? |] Yes □ No | If yes, name | of insurer: | |
| 6. | Length of time in business: | | Years of ex | perience: | | |
| 7. | How many owners, partners and office | ers? | | | | |
| 8. | How many employees other than own | ers, partners and | officers? | | | |
| 9. | Estimated upcoming annual payroll/re | ceipts breakdown | : | | | |
| | | | Payre | oll Re | ceipts | |
| | | New Installation | | | | |
| | | Service/Repair | | | | |
| | | Inspection | | | | |
| | | Design | | | | |
| | Gr | ease/Duct Cleani | ng | | | |
| | | Other (describe) | | | | |
| | | Total | | | | |
| | Describe other payroll/receipts: | | | | | |
| 10. | Total payroll/receipts history: | | | | | |
| | | Year | Payroll | Receipts | | |
| | | Last | | | | |
| | | 2 nd prior | | | | |
| | | 3 rd prior | | | | |
| | | 4 th prior | | | | |
| | | 5 th prior | | | | |
| | | | | _ | _ | |
| | Do you install or service systems in bu | _ | | | | |
| | Do you sell or manufacture any fire pro | • • | | _ No | | |
| 13. | Are you a member of any of the follow | | organizations? | | | |
| | ☐ AFSA ☐ NFPA ☐ NFSA ☐ S | | | | | |
| | Other, describe: | | | | | |

14. Sales breakdown:

| Market Segment | % of sales |
|------------------------------|------------|
| Commercial/Industrial | |
| Residential | |
| Institutional | |
| Restaurants | |
| Computer Rooms | |
| Vehicles or Mobile Equipment | |
| Total | 100% |

| System | % of sales |
|------------------------|------------|
| Dry Sprinklers | |
| Wet Sprinklers | |
| Foam/Chemical | |
| Portable Extinguishers | |
| Other (describe) | |
| | |
| Total | 100% |

| | Describe other systems: |
|-----|--|
| | |
| 15. | Do you utilize any of the following in your operations? |
| | ☐ Subcontractors ☐ Uninsured Subcontractors |
| | ☐ Casual Labor ☐ Volunteer Workers |
| | ☐ Leased Employees |
| 16. | Do you obtain the following from all subcontractors before they enter your jobsite? |
| | a. Certificate of Insurance for: |
| | General Liability Insurance |
| | Workers Compensation Yes No Occurrence / Aggregate / Products |
| | b. Additional Insured Endorsement naming applicant as Additional Insured? Yes No |
| 17. | Do you require all subcontractors to hold your operation harmless by written agreement? Yes No |
| 18. | Do you hire and compensate all independent subcontractors working at your direction? Yes No |
| | If no, explain: |
| 19. | Do you carry Workers Compensation Insurance on your employees? Yes No |
| 20. | Do you provide consulting services for other entities? Yes No |
| | If yes, explain: |
| 21. | Do you have a signed contract with all of your customers? Yes No |
| 22. | How many additional insured endorsements do you anticipate requiring in the upcoming year? |
| 23. | Do you have a formal safety program in operation? Yes No |
| | If yes, explain or provide a copy: |

| Date of Occurrence | Loss Description | Loss Amount (including reserves |
|-----------------------|--|---------------------------------|
| | | |
| - | | |
| _ | | |
| _ | | _ |
| | | |
| | | |
| | surance been cancelled or non-renewed? | |
| | surance been cancelled or non-renewed? | |
| If yes, explain: _ | | of the Application. |
| If yes, explain: _ | | of the Application. |

Commercial General Liability Application

Occurrence Form

National Fire & Marine Insurance Company
National Indemnity Company of the South

| | Proposed Policy Effective | e Date: | Expiration: | |
|-----|---|-----------------------------------|-------------------|--------------|
| 1. | Name of applicant: | | | |
| 2. | Applicant type: | tion 🔲 LLC 🔲 Other, descr | ribe: | |
| 3. | Mailing address: | | | |
| 4. | Website: | | | |
| 5. | Contact information for premium audits and inspections (nar | | | |
| 6. | Describe all operations in detail: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7. | Do you operate under any other names? Yes No | | | |
| | If yes, provide names and details: | | | |
| 8. | Do you have any operations, exposures or ventures, active of | or inactive, not listed on this a | pplication? 🔲 Yes | ☐ No |
| | a. If yes, provide details, including entity name(s) if applica | able: | | |
| | b. Do all entities carry General Liability insurance? | os 🗖 No. If you name of in | curor(c): | |
| 9. | Length of time in business: Years | | surer(s) | |
| | Requested Limits and Deductibles | s or experience. | | |
| 10. | Limits | | Deductible | es per Claim |
| Ea | ch Occurrence | \$ | Bodily Injury | \$ |
| | Damage to Premises Rented to You (any one premises) | \$ | Property Damage | \$ |
| | Medical Expense (any one person) | \$ | , , = | I · |
| Pe | rsonal & Advertising Injury (any one person or organization) | \$ | | |
| | neral Aggregate | \$ | | |
| | oducts-Completed Operations Aggregate | \$ | | |
| | Schedule of Hazards | | | |

| | Premium Basis/Exposu | |
|------------|--|-------------------|
| Class Code | (c) Total Cost (Labor & Materials) (p) | State & Territory |
| | | |
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| 12. 1 16111363 06 | ricadic | | | | | | |
|----------------------------|-----------------------|---------------------|---------------|--------------------|---------------------|---------------------|--------------------------------|
| Add | ress | Interest | Year Built | Area (sq. feet) | % Occupied | | Usage |
| | | ☐ Owner ☐ Tenant | | , , | | | |
| | | Owner | | | | | |
| | | ☐ Tenant☐ Owner | | | | | |
| | | ☐ Tenant | | | | | |
| | | │ | | | | | |
| 13. Account Sum | nmary | | | | | | |
| Policy Period Receipts/Re | | /enue | Pay | yroll | | acted Labor Cost | Subcontracted Material Cost |
| Next year | | | | | | ,031 | - COS. |
| Last Year | | | | | | | |
| 2 nd prior year | | | | | | | |
| 3 rd prior year | | | | | | | |
| | | | | | l | | <u> </u> |
| _ | • | | H | low many emp | loyees other th | nan owners, parl | tners and officers? |
| | tners and Corporate | e Officers | | | | | |
| Na Na | ıme | | | Title & Dut | ies | | Payroll |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 16. Do you utilize | e any of the followin | ıg in your ope | erations? | | | | |
| ☐ Subcontr | actors 🔲 Uninsui | red Subcontra | actors 🔲 | Casual Labor | ☐ Volunteer | · Workers 🔲 L | eased Employees |
| 17. Do you obtai | n the following from | all subcontra | actors before | e they enter yo | ur jobsite? | | |
| a. Certifica | te of Insurance for: | | | | | | |
| Gener | al Liability Insuranc | e 🗆 ` | Yes □ No | If yes, what | limits of liability | y? \$ | <u> </u> |
| Worke | ers Compensation | | Yes 🗌 No |) | | Occurrence | Aggregate Products |
| b. Addition | al Insured Endorser | ment naming | applicant as | s Additional Ins | sured 🗌 Yes | s 🗌 No | |
| 18. Do you requi | re all subcontractor | s to hold you | r operation h | narmless by wi | ritten agreeme | nt? 🗌 Yes 🛭 |] No |
| 19. Do you hire a | and compensate all | independent | subcontract | tors working at | your direction | ? | No |
| If no, explain | : | | | | | | |
| 20. Do you carry | Workers Compens | ation Insuran | ice? 🗌 Ye | es 🗌 No If | yes, name of i | nsurer: | |
| 21. Do you provi | de consulting servic | ces for other | entities? |] Yes 🗌 No | ı | | |
| If yes, explair | n: | | | | | | |
| 22. Do you lease | e equipment to othe | rs? 🗌 Yes | ☐ No | | | | |
| If yes, explair | n: | | | | | | |
| 23. Do you perfo | rm or supervise any | y blasting?[| ☐ Yes ☐ | No | | | |
| 24. Do you antici | ipate any demolitior | n work? | Yes 🗌 No | o | | | |
| 25. Do you have | any exposure to ra | dioactive or r | nuclear mate | erials? 🗌 Ye | s 🗌 No | | |

| 26 | Products 8 | Sold | Designed | Manufactured | or l | Marketed |
|----|------------|------|----------|--------------|------|----------|

| | 1 | | | | | | | |
|---|--|--|--|-------------------|---|----------------|--------------------------------------|-----------------------------------|
| Prod | duct | Ann Sales | ual Units Sold | Time in Market | Expected Life | Int | ended Use | Principal Components |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| a. Do b. Do c. Do d. Are e. Are f. Are g. Ha h. Are i. Is v | you sell or dise any new pro- per products relate products of cover any products products labe products labe products cover any products laber and | ervice or repartitude products being parted to the acothers sold or the select with a darage required ucts online? | air any products that and ucts to fore columned or erospace in re-packagulled, disconferent nand? Yes | ducts? | es No red in foreign or territories Yes No applicant's I anged? company na | countries or ? | territories? ☐ Ye ☐ No es ☐ No | es No |
| | | | | | | | | |
| 27. Insuran | ce & Loss His | tory | | | | | _ | |
| Insura | nce Carrier | Effect | ive Date | Expiration I | Oate F | Premium | Number of Claims | Total Amount Paid and Reserved |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| a. Giv —— b. Do | | of all claims pany facts, pas | st incidents | s, circumstand | ces or situatio | ons which co | uld give rise to a cl | aim under the insurance |

| 28. Remarks/Additional Information | | | |
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| MUST | BE SIGNED BY THE APPLICANT PERS | ONALLY | |
| as of the policy effective date and in accordance Representative named below is acting as A has no authority to bind coverage, may not the policy. The Applicant agrees that the foregoing rely on its statements and answers in issuing a answers are materially false, the Company deems in background information the Company deems in additional information will be provided to the Applicant or any other party in any respect. | pplicant's agent and not on behalf of the accept any funds for the Company and accept any funds for the Company and any policy or subsequent renewal. The Apy rescind any policy or subsequent renewal. The Apy rescind any policy or subsequent renewal any, is made for the use and benefit of the accessary in determining whether to bind pplicant regarding any investigation. | ne Company. The Applicant's Representative of may not modify or interpret the terms of correct. The Applicant requests the Company to plicant agrees that if its statements and wal it may issue. It is inspection of any other matter relating to Company only and is not to be relied upon by ances and other personal and business or maintain coverage. Upon written request, a Application prior to execution and that the | ⁄e |
| Will premium be financed? | If yes, with whom? | | _ |
| Witness | Applicant's Signature | Date | _ |
| | | | |