

# Office Supplemental Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

Name of Applicant: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Principal Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Website Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Form of Business:  Individual  Corporation  Partnership  LLC  Other: \_\_\_\_\_  
Description of Operations: \_\_\_\_\_

## Section II – Eligibility Criteria

1. Applicant has been in business under current management for more than three (3) years  True  False
2. Insured does not occupy more than 25,000 square feet  True  False
3. No more than \$5,000,000 in annual receipts  True  False
4. The Applicant has not, is not and will not act as franchisor (grantor of a franchise)  True  False
5. No packing, assembly or manufacturing of any product  True  False
6. No artisan contractors/general contractors  True  False
7. No retail or wholesale of products  True  False
8. Real Estate: No property management  True  False
9. Medical Office: Applicant does not provide any physical rehabilitation services  True  False
10. Travel Agent: No organizing or guiding tours  True  False

## Section III – Exposure / Operation Information

1. Please indicate the Applicant's operations:
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Accounts                    | <input type="checkbox"/> Financial planning           | <input type="checkbox"/> Loan origination office    | <input type="checkbox"/> Real estate consultant       |
| <input type="checkbox"/> Advertising agency          | <input type="checkbox"/> Genealogist                  | <input type="checkbox"/> Mailing services           | <input type="checkbox"/> Resume service               |
| <input type="checkbox"/> Answering service           | <input type="checkbox"/> Grant writing service        | <input type="checkbox"/> Management consultant      | <input type="checkbox"/> Statistical consultant       |
| <input type="checkbox"/> Appraiser (non-real estate) | <input type="checkbox"/> Graphic designer             | <input type="checkbox"/> Marketing consultant       | <input type="checkbox"/> Tax preparer                 |
| <input type="checkbox"/> Background check service    | <input type="checkbox"/> HR consultant                | <input type="checkbox"/> Marketing research         | <input type="checkbox"/> Telecommunication consultant |
| <input type="checkbox"/> Bill payment service        | <input type="checkbox"/> Insurance agencies           | <input type="checkbox"/> Medical offices            | <input type="checkbox"/> Telemarketing office         |
| <input type="checkbox"/> Bookkeeper                  | <input type="checkbox"/> Insurance risk manager       | <input type="checkbox"/> Medical transcript service | <input type="checkbox"/> Ticket agencies              |
| <input type="checkbox"/> Calligraphy                 | <input type="checkbox"/> Investment advice            | <input type="checkbox"/> Mortgage brokers           | <input type="checkbox"/> Title agent                  |
| <input type="checkbox"/> Database management         | <input type="checkbox"/> Inventory control specialist | <input type="checkbox"/> Notary                     | <input type="checkbox"/> Travel agent (no tour)       |
| <input type="checkbox"/> Desktop publishing          | <input type="checkbox"/> Lawyers office               | <input type="checkbox"/> Paralegal                  | <input type="checkbox"/> Word processing              |
| <input type="checkbox"/> Draftsman                   | <input type="checkbox"/> Literary agent               | <input type="checkbox"/> Real estate offices        | <input type="checkbox"/> Writers/Authors              |
| <input type="checkbox"/> Employment agency           | <input type="checkbox"/> Other (Describe): _____      |   |   |

### Section IV – Additional Liability Information

1. Does the Applicant own the building?  Yes  No
- If YES, please answer the following questions:**
- a. Is any portion of the building leased to commercial tenants? Applicable square feet: \_\_\_\_\_  Yes  No
- b. Is there a parking garage?  Yes  No
- c. Does the Applicant lease any apartments at this location? Number of units: \_\_\_\_\_  Yes  No
- d. For any building built prior to 1978, is there any aluminum wiring or knob and tube wiring?  Yes  No
- e. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?  Yes  No
- f. Who performs building and/or site maintenance, service and repair?
- Janitorial operations:  Applicant Employee  Independent Contractor  NA
  - Landscaping/lawncare operations:  Applicant Employee  Independent Contractor  NA
  - Snow & ice removal:  Applicant Employee  Independent Contractor  NA
  - General maintenance & repairs:  Applicant Employee  Independent Contractor  NA
- g. If done by an independent contractor:
- Applicant named as additional insured with hold harmless on subcontractor's policy?  Yes  No
  - Certificates of insurance obtained and maintained on file?  Yes  No
  - Are subcontractors required to carry general liability limits greater than or equal to the applicant?  Yes  No
- h. Is there an elevator?  Yes  No
- If YES, please answer the following questions:**
- Number of elevators \_\_\_\_\_
  - Elevator maintenance agreement in effect naming applicant as additional insured with hold harmless?  Yes  No
- i. Are parking facilities in common areas free from defects and adequately lighted?  Yes  No
- j. What type of security measures are in place?
- Closed Circuit TV     Alarms     Security Patrols     Police Patrols
- Guard     Cardkey     None     Other

### Section V – Loss Information

1. Please enter all claims or occurrences that may give rise to claims for the past five (5) years.  Check here if none.

Year	Claim Status	Incurred	Description of Loss

### Section VI – Additional Interests

1. Please provide the following information:

Name	Relationship/Interest	Address City, State, ZIP	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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AI: Additional Insured, LP: Loss Payee, M: Mortgagee

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**