Program Contact:

Cheryl A. Graham
chargram@fairviewinsurance.com
1930 E. Marlton Pike, #C-16
Cherry Hill, New Jersey 08003
PH: 800-452-5376

ALL SUBMISSIONS SHOULD BE SENT TO: submissions@fairviewinsurance.com

Broker Guidelines:

1. We do not entertain broker submissions from the following states:
   - New Jersey
   - Pennsylvania
   - New York
   - Connecticut
   - Delaware
   - Maryland

2. Policy Binding Requirement: Deposit check made payable to FAIRVIEW INSURANCE AGENCY ASSOCIATES, INC.

3. Brokers do not have authority to issue certificates of insurance or auto ID cards and all requests must be made through our Verona office.

BROKER CHECKLIST FOR SUBMISSIONS – REQUIRE A 60-DAY LEAD TIME

☐ Completed ACORD applications for all desired lines. Please note that all equipment is under the Inland Marine, not the Property application.

☐ Business Income Worksheet

☐ Completed Fairview Supplemental Application. NOTE: The GL rating/class codes will reflect the Supplemental application exposures.

☐ Copy of current Rental Agreement, both sides, legible.

☐ Current Hardcopy Loss Experience for current and four years prior (5 Years)

☐ Loss Analysis for five years to include losses by line of coverage and premium.

☐ Current list of drivers, including Name, Date of Birth, Driver’s License and State.

☐ Schedule of Autos

☐ Insured’s website address

☐ Overall target pricing needed to sell the account.

☐ Any other documentation or information that will assist the underwriter in understanding the account: ie: Explain any large losses (Over $25k Incurred) and any corrective measures taken.

☐ Quote need by date
Exceptions to anything contained within this document may be considered via referral to the Underwriting Manager.

The Equipment Dealer Program is administered countrywide through Fairview Insurance Agency Associates, Inc. Property, Inland Marine, General Liability, Automobile, Garage, Umbrella and Workers Compensation lines of insurance are offered. The program is not available to risks domiciled in Hawaii or Alaska.

**FOCUSED APPETITE**

The Equipment Dealer Program is designed to offer coverage for risks that:

*Generate at least 75% of receipts from the sales/repair/leasing of material handling and construction equipment including, but not limited to, the following:*

- Lift trucks and similar equipment
- Construction equipment
- Agricultural equipment
- Forestry equipment
- Miscellaneous Aggregate equipment
- Miscellaneous Contractors equipment

**Ancillary Operations – The following operations are acceptable in the program:**

- Sales of Allied Products including, but not limited to:
  - Rack Shelving Systems
  - In plant Offices
  - Mezzanines
  - Storage Systems

*Risks that do not meet the Focused Appetite of acceptable Ancillary Operations may be considered but require referral to the Underwriting Manager.*
UNDESIRABLE CHARACTERISTICS

In general, risks exhibiting one or more of the following undesirable characteristics will not be entertained. Exceptions may be considered, but only via referral to the Underwriting Manager:

- Risks that derive the majority of receipts from rental operations
- Any rental or sale of chemicals, explosives or equipment used in conjunction with
- Rental or sales of portable hot tubs
- Amusement rides or carnival equipment
- Rental of aircraft or watercraft
- Rental of recreational vehicles such as motorcycles, mopeds, motorbikes or ATVs
- Any type of medical equipment
- Operations that erect, install or dismantle sidewalks, bridges, towers, or HODs
- Manufacturing
- Lattice Cranes, rentals with operators

SEVERITY

Severity exposures inherent in the operations contemplated in the Focused Appetite or acceptable Ancillary operations are deemed as acceptable exposures if the proper controls are in place.

QUOTE CHECKLIST

The following items are required so as to adequately address the exposures and pricing. Exceptions made by the underwriter should be rare and the reason(s) for the exception(s) must be documented in file:

- Fully completed Equipment Dealer Program Supplemental application

- Four (4) Years (Expiring term + prior three (3) years) currently valued (within six (6) months of effective date) carrier loss experience. Exception applies to accounts previously quoted where currently valued loss runs are not available. In these cases, quotes will be provided and policies issued subject to receipt of currently valued carrier loss experience within 45 days of binding. Upon receipt of this information, the account will be re-experience rated based on the updated loss data, and premium modified accordingly. In the event the loss experience are not received, the underwriter will have the discretion to modify the pricing or cancel the policy as permitted in the risk State.

- Copy of rental contract agreement which contains an indemnification clause holding the rental agent harmless from all expense and liability including reasonable legal fees arising from the use of the equipment.
# FAIRVIEW EQUIPMENT DEALERS PROGRAM SUPPLEMENTAL APPLICATION

<table>
<thead>
<tr>
<th>Named Insured:</th>
<th>Effective Date:</th>
<th>Need By Date:</th>
</tr>
</thead>
</table>

## A. General Liability – Underwriting (Receipts on ACORD GL must be by location)

1. List main manufacturer franchises represented:

   - 1a. Does Manufacturer provide additional insured status to dealer and a certificate of insurance?  
     - [ ] Yes  
     - [ ] No  

2. Are all of your suppliers of equipment, parts, and accessories a US company or have a US subsidiary?  
   - [ ] Yes  
   - [ ] No  

3. Are sales and service personnel trained and/or certified by the Manufacturer? Please describe:  
   - [ ] Yes  
   - [ ] No  

4. What types of training do you provide to end users in the operation of equipment you rent or sell?  
   -  

5. Do you use equipment to act as a contractor or subcontractor?  
   - [ ] Yes  
   - [ ] No  

6. Are any types of equipment rented with an operator?  
   - [ ] Yes  
   - [ ] No  

   If yes, which equipment?  
   -  

7. What is the maximum height of equipment?  
   - Feet:  

8. Do you modify, design, or build any equipment?  
   - [ ] Yes  
   - [ ] No  

   If yes, please describe:  
   -  

9. Does your business include any manufacturing operations?  
   - [ ] Yes  
   - [ ] No  

   If yes, please describe:  
   -  

10. Are any Allied products sold?  
    - [ ] Yes  
    - [ ] No  

    If yes, please describe products and include details on installation and related services provided as well as total receipts:  
    -  

   8a. Estimated receipts of % of revenue: $  
    - %:  

B. Breakdown of Receipts by Location (Attach a separate sheet if more space is needed)

<table>
<thead>
<tr>
<th>Location #1</th>
<th>Location #2</th>
<th>Location #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sales Including Long Term Leasing (One (1) Month or Longer) ~Exclude Service Receipts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Only ~ Receipts (Rentals of <strong>less</strong> than one (1) month – ie: Daily, Weekly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair, Installation &amp; Service Receipts:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### C. EQUIPMENT RENTAL

1. Do you rent, sell or service cranes?
   - Yes: [ ]
   - No: [ ]
   - If yes, Describe:

2. Do you rent, sell or erect scaffolding or ladders?
   - Yes: [ ]
   - No: [ ]
   - If yes, describe and give receipts: $________

3. Is shoring equipment rented?
   - Yes: [ ]
   - No: [ ]
   - If yes, describe and give receipts: $________

4. Do you rent equipment to non-commercial users? (Individuals)
   - Yes: [ ]
   - No: [ ]
   - If yes, please describe:

5. Are all rental customers provided with written operating instructions as well as verbal instructions? Explain:
   - Yes: [ ]
   - No: [ ]

6. Is manufacturer recommended safety equipment provided to all rental customers?
   - Yes: [ ]
   - No: [ ]

7. Is each rental customer’s driver’s license number, credit card, credit report or license plate number obtained?
   - Yes: [ ]
   - No: [ ]
   - If not, are corporate billing programs used?
   - Yes: [ ]
   - No: [ ]

8. Are all rental customers advised of the procedures for identifying deficiencies and notifying the insured?
   - Yes: [ ]
   - No: [ ]

9. Are any of the following equipment available for rent? (Mark “X” if applicable)

   - Camper Trailers
   - Sporting Equipment
   - Amusement devices or carnival rides
   - Medical Equipment
   - Personal Watercraft, Motorcycles, or all Terrain vehicles
   - Party Rentals
   - Snowmobiles or Golf Carts
   - Other: _______

   - Comments: _______

10. Is there a lock-out/tag-out system?
    - Yes: [ ]
    - No: [ ]

### D. GENERAL LIABILITY - CONTRACTUAL

1. Do all rental customers sign a rental agreement?
   - Yes: [ ]
   - No: [ ]

2. Do you require your commercial customers to provide certificates of insurance prior to renting any equipment naming your company as an additional insured?
   - Yes: [ ]
   - No: [ ]

### E. AUTO UNDERWRITING

1. Is a driver application form completed for each employee that drives a service or delivery vehicle/trailer?
   - Yes: [ ]
   - No: [ ]

2. Are MVRs checked prior to hiring?
   - Yes: [ ]
   - No: [ ]

3. Is employment contingent on MVR if checked post-hire?
   - Yes: [ ]
   - No: [ ]

4. Do you maintain the approved driver files as required by DOT regulations for all drivers with CDL’s?
   - Yes: [ ]
   - No: [ ]

5. Do you have a written disciplinary action plan for drivers with MVR violations?
   - Yes: [ ]
   - No: [ ]

6. Describe Disciplinary Plan or if no current written Disciplinary Plan is in place, are you willing to implement one? Please describe:
   - Yes: [ ]
   - No: [ ]

7. Are any company owned vehicles used for personal use?
   - Yes: [ ]
   - No: [ ]

8. If yes, is there a written policy for personal use of company owned/insured autos/trucks? If so, please explain:
   - Yes: [ ]
   - No: [ ]

9. Do any employees use their own personal vehicles for business use? If yes, please describe:
   - Yes: [ ]
   - No: [ ]
10. Do you require minimum liability limits of $500,000 Combined Single Limit for personal auto policy covering these individuals?  
   ☐ Yes ☐ No

11. Are MVR’s obtained on all family members if there is personal use?  
   ☐ Yes ☐ No

12. Do you loan or rent your autos or trucks used on public roads?  
   ☐ Yes ☐ No

13. Any non-owned autos or trucks held for repair or storage? If yes, please explain:  
   ☐ Yes ☐ No

14. Please list below or attach a list of any vehicles registered to any other legal entity names:

15. Is scheduled maintenance and servicing performed at suggested mileage intervals by qualified mechanics?  
   ☐ Yes ☐ No

16. Do you retain and review vehicle maintenance logs on a regular basis?  
   ☐ Yes ☐ No

17. Do you rent or hire autos from others to transport equipment? If yes, do you obtain Certificates of Insurance?  
   ☐ Yes ☐ No

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**PLEASE NOTE:** ALL VEHICLES INSURED UNDER OUR PROGRAM MUST BE REGISTERED TO THE COMPANY NAME.

**F. PROPERTY UNDERWRITING**

1. Does your operation have on premises painting capabilities?  
   If yes, please advise controls in place:  
   ☐ Yes ☐ No

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**G. INLAND MARINE – UNDERWRITING AND SECURITY MEASURES**

1. When renting equipment, do you sell or offer to sell a Loss Damage Waiver?  
   ☐ Yes ☐ No

2. Are buildings equipped with burglar alarms/central station?  
   ☐ Yes ☐ No

3. Are all locations equipped with a chain link fence, motion detectors and/or security lighting?  
   Describe:  
   ☐ Yes ☐ No

4. Does camera surveillance cover the premises inside of the building?  
   ☐ Yes ☐ No

5. Does camera surveillance cover the outside lot?  
   ☐ Yes ☐ No

6. Do exterior lights remain on all night and illuminate all dark areas of premises?  
   ☐ Yes ☐ No

7. Are all storage areas at this location secured in such a way that equipment cannot be removed from the premises during non-business hours without causing property damage to perimeter fences, posts, chains, barricades and/or gates?  
   ☐ Yes ☐ No

---

**H. BREAKDOWN OF EQUIPMENT INVENTORY BY LOCATION**

<table>
<thead>
<tr>
<th>Location</th>
<th>Inside Building</th>
<th>Outside Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location #2</th>
<th>Inside Building</th>
<th>Outside Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location #3</th>
<th>Inside Building</th>
<th>Outside Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

% of Inventory held Inside: %  % of Inventory held Outside: %
Employee Tools Limit – Employee Tools are picked up under both the Basket Limit of $1,000,000 on the Property Extension endorsement as Property of Others; and also under IM7718 – Repair Service Coverage – Under the IM Section of the Policy.

I. WORKERS COMPENSATION – UNDERWRITING AND SAFETY CONTROLS

1. Do all new hires complete an application for employment? [ ] Yes [ ] No

2. Do you have a Human Resources Dept. or an individual in charge of Human Resources functions? [ ] Yes [ ] No

3. Do you have a formal safety training program? [ ] Yes [ ] No

4. Do you have a full time safety director? [ ] Yes [ ] No
   If yes, please provide details as to the safety director's duties and responsibilities:

5. Do you maintain a written safety training manual and do all employees receive a copy? [ ] Yes [ ] No

6. Do you maintain a log of all completed safety training courses by employees? [ ] Yes [ ] No

7. Do you require all employees to wear Personal Protective equipment including safety glasses, hearing protection, safety shoes, work gloves and special clothing requirements, etc.? If yes, please describe: [ ] Yes [ ] No

8. Please describe the accident investigation process:

9. Does your safety training program include training on injury prevention such as proper lifting techniques, proper ways to exit vehicles, and measures taken while performing repairs (if applicable) to avoid injuries common to this type of work? [ ] Yes [ ] No

J. GARAGE/DEALER

Class of Operators | Location #1 | Location #2 | Location #3
--- | --- | --- | ---
Class 1 – Regular Operators:
   All Others:
Class II – Non Employees – Under Age 25:
   All Others:

Dealers Physical Damage:

<table>
<thead>
<tr>
<th>Loc#</th>
<th>Limit $</th>
<th>Ded per Auto:</th>
<th>Maximum Ded:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Garage Keepers Liability:

<table>
<thead>
<tr>
<th>Loc#1</th>
<th>Limit $</th>
<th>Ded per Auto:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loc#2</td>
<td>Limit $</td>
<td>Ded per Auto:</td>
</tr>
<tr>
<td>Loc#3</td>
<td>Limit $</td>
<td>Ded per Auto:</td>
</tr>
</tbody>
</table>
# of Dealer/Repairer Plates:  

# of Transportation Plates:  

---

DEFINITIONS:

CLASS I - EMPLOYEES

REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO.

ALL OTHERS - ALL OTHER EMPLOYEES

CLASS II - NON-EMPLOYEES

ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.

NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH.

2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.

**CLASS 1 – ALL OTHERS includes General Managers, Sales Managers and Salesmen that are NOT furnished a vehicle.**
I hereby declare that I have read all of the statements in this application and they are complete and true as of this date.

DATE:                        SIGNATURE OF APPLICANT:

DATE:                        SIGNATURE OF PRODUCER:

(8/11/2017)
BROKER AGREEMENT

This Agreement, made and entered into on ______________________ (date) by and between FAIRVIEW INSURANCE AGENCY ASSOCIATES, INCORPORATED, a New Jersey corporation, (hereinafter referred to as FAIRVIEW) with an office located at 25 Fairview Avenue, Verona, New Jersey and __________________________ (hereinafter referred to as BROKER) with an office located at __________________________

In consideration of FAIRVIEW placing insurance for the BROKER, and for mutual promises and covenants hereinafter set forth, the parties agree as follows:

1. BROKER agrees to pay FAIRVIEW all agency billed premiums, including additional premiums developed on audits, and all applicable state taxes occurring for insurance written or bound by the insurer or insurers under this Agreement whether or not collected by the BROKER from their insured. However, BROKER may be relieved of payment responsibility for AUDIT PREMIUMS on any policy subsequent to the termination of policy if BROKER notifies FAIRVIEW in writing within 15 (fifteen) days from billing that payment cannot be collected. BROKER forfeits commission for any audit returned for direct collection.

2. No insurance policy may be returned to FAIRVIEW by BROKER for flat cancellation unless it is returned prior to the inception or effective date of contract. Earned premium shall be computed and charged on every contract cancelled after inception in accordance with the cancellation provision outlined by insurer.

3. In consideration of commission allowed to BROKER on all premiums, BROKER agrees to pay FAIRVIEW the commission on all returned premiums at the same rate such commission was originally paid or retained.

4. BROKER agrees to remit all agency billed premiums, taxes and fees for binders, policies, cover notes, endorsements and audits within 20 (twenty) days after effective date of receipt of billing by FAIRVIEW depending on the billing procedures outlined for each account. FAIRVIEW will remit commission to BROKER on all items direct billed by FAIRVIEW or the Company by the end of the following month that commission has been paid to FAIRVIEW.

5. FAIRVIEW expressly recognizes the independent ownership by BROKER of insurance business covered by the Agreement.
6. **BROKER** is not the agent of **FAIRVIEW**, its’ principals or its’ companies, and has no authority to bind coverage on behalf of **FAIRVIEW**.

7. **BROKER** agrees that it will maintain a Professional Liability policy, commonly known as an Errors and Omissions policy, in full force and effect during the entire term of this Agreement in an amount not less than $1,000,000.00. **BROKER** agrees to provide **FAIRVIEW** annually with evidence that such insurance policy is in full force and effect. **BROKER** agrees to maintain a Workers Compensation policy and to provide evidence of coverage to **FAIRVIEW**.

8. **BROKER** warrants that it now has and shall maintain during the entire term of this Agreement, the proper resident and non-resident insurance licenses necessary to place with **FAIRVIEW** business covered in this Agreement. **BROKER** shall additionally comply with all applicable laws and regulations in all jurisdictions in which it does business. All fees for such licenses and compliance are the sole responsibility of **BROKER**. **FAIRVIEW** requests copies of all licenses as they renew.

9. **BROKER** hereby agrees to countersign all policies of insurance issued for its’ accounts in the **BROKERS** state of residence. **BROKER** agrees to waive or assign to **FAIRVIEW** any and all commissions due as a Countersigning Agent to the extent permitted by law.

10. For a period of two (2) years from the date of termination/expiration of this Agreement, all renewals and expirations of insurance written pursuant to this Agreement shall be the property of **BROKER**, provided **BROKER** has properly and completely accounted for paid all sums owing to **FAIRVIEW** and has not breached any term of this Agreement. During such two year time period, **FAIRVIEW** shall not use renewal and expiration information to compete with **BROKER**, but thereafter **FAIRVIEW** shall be free to utilize such information to compete with **BROKER**. Notwithstanding anything to the contrary herein, all rate information, books of account, special forms and endorsements, policy forms, claim and loss information applications and other forms and documents developed by **FAIRVIEW** shall be the property of **FAIRVIEW**. No duplication, copying, reproduction or dissemination of any kind or form of property belonging to **FAIRVIEW** shall be permitted without written authority of **FAIRVIEW** on a case-by-case basis.

11. Each party to this Agreement hereby agrees to indemnify, defend and hold harmless the other party for legal liability arising from the negligent activities of one party for which the other party is held responsible. This mutual indemnification provision shall survive the termination of this agreement.
12. Commission schedule for the following lines of business is as listed below:

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Compensation</td>
<td>4%</td>
</tr>
<tr>
<td>Commercial Automobile &amp; Package</td>
<td>10%</td>
</tr>
<tr>
<td>Umbrella</td>
<td>7.5%</td>
</tr>
<tr>
<td>Employment Practices</td>
<td>varies</td>
</tr>
<tr>
<td>Pollution</td>
<td>varies</td>
</tr>
</tbody>
</table>

13. In recognition of FAIRVIEW'S effort in underwriting, negotiation and placing insurance coverage’s for BROKER with insurance company or companies, BROKER hereby agrees to use it's best efforts including refraining from executing and delivering to the insurance company or companies any broker of record letter or similar document to cause FAIRVIEW not to be the sole and exclusive agent to whom the insurance company shall pay commission, bonuses, and any other form of remuneration.

14. BROKER may not assign all or any part of this Agreement without the express written consent of FAIRVIEW. BROKER agrees to notify FAIRVIEW immediately upon the transfer of ownership of more than 50 percent of the ownership interest in BROKER. Upon the occurrence of such event, this Agreement shall immediately terminate without notice unless FAIRVIEW shall consent in writing to the continuance hereof.

15. BROKER further acknowledges that the protections afforded FAIRVIEW are reasonable in scope and duration and that FAIRVIEW has answered to the BROKER’S satisfaction any and all questions posed by BROKER in connection with this Agreement.

16. This Agreement cancels and supersedes any and all agreements already in place. This Agreement may be cancelled at any time by written notice of either party to the other, but said cancellation shall not alter in any way the continued application of this Agreement to insurance policies effective prior to date of such cancellation.
Attach copies of all appropriate insurance licenses and E & O policy and complete the Agent/Broker Questionnaire.
FAIRVIEW INSURANCE AGENCY ASSOCIATES, INC.
Agent/Broker Questionnaire

A. Licensing Data

Agency/Broker Name ________________________________

DBA ________________________________

Address ________________________________________

______________________________________________

Phone __________________ Fax __________________

Email __________________ website __________________

Primary Contact ________________________________

Resident Agent/Broker License Number * __________________________

Surplus Lines License Number * _____________________________

Federal Tax ID Number ________________________________________

Errors and Omissions Insurance* ___________________________

Limits __________________ Effective Date _________________

*Attach current copy of these items.

B. History

Date agency established ________________

Corporation ______ Partnership ______ Individual ______

Principal’s ________________________________________

______________________________________________

Is agency owned by, affiliated with or controlled by any other business interest?
If yes, explain ________________________________
Number of licensed agents ______________________
Total number of staff ______________________

Member of IIA _______ PIA _______ Other _______
If other, please explain ______________________

Has agency and/or any principal had a license suspended/revoked?
Yes ___ No ___ Please explain ______________________
__________________________________________________

During the past 5 years, has the agency acquired/merged with another firm or has the agency changed names? Yes ___ No ___ If so, please explain:
__________________________________________________

Number of agency/broker production offices: _______ states _______

Major companies presently appointed with (in order of premium volume):

<table>
<thead>
<tr>
<th>NAME</th>
<th>YEARS REPRESENTED</th>
<th>EST. ANNUAL PREMIUM VOLUME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentage of business produced: Personal lines: _______
                                    Commercial lines: _______

Has any company discontinued their relationship with you in the past 5 years? Yes___
No___ If so, list the company and the reason: ____________________________
__________________________________________________

Approximate radius of marketing territory: ______ miles

Bank Reference: Name of bank: ____________________________

Address of Bank: ___________________________________
Phone: ________________________________

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate.

DATE: ____________

Signature of Agent/Broker: ________________________________

Name: ________________________________ Title: ________________________________

REMINDER: ATTACH COPIES OF LICENSES and E&O DECLARATION PAGE