



Location
Number

ROCKHILL INSURANCE COMPANY

Attach a separate supplemental application for each location.

APPLICANT INFORMATION

| | |
|---|---------------|
| BUSINESS ENTITY NAME | COMPLEX NAME: |
| LOCATION ADDRESS | |
| CONTACT PERSON FOR INSPECTION (include title) | TELEPHONE |
| DRIVING DIRECTIONS (if needed) | |

PROPERTY INFORMATION

| | |
|--------------------|--|
| Number of stories: | _____ |
| Annual receipts: | \$ _____ |
| Business Income: | <input type="checkbox"/> 4 Months <input type="checkbox"/> 12 Months |

RATING INFORMATION

Y/N

| | |
|--|--|
| Completely describe the operations at this location: _____ _____ | |
| Does the insured hire independent contractors? If 'Yes', answer the following: Is the contractor required to name the insured as an additional insured on their policy for work performed at the insured's premises? Are certificates of insurance obtained? <i>Note: The contractor's limits should not be less than the insured's policy limits.</i> | |
| Landlord Information: Is the landlord named as an Additional Insured under the tenant's General Liability policy? Is there any Indemnity and Hold Harmless Agreement between the landlord and tenant? | |
| Do you carry Worker's Compensation insurance? | |
| Describe any location or business interest owned or operated by an applicant but not listed on this application. _____ _____ | |

FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

DECLARATIONS

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that this is not a Binder and that no insurance is afforded unless and until this application is accepted by the company.

PERSONAL SIGNATURE OF APPLICANT _____

DATE _____

I hereby certify to the best of my knowledge and belief that the signature above is the personal signature of the applicant. I personally have inspected this facility. Yes No

AGENT SIGNATURE _____

RESIDENT AGENT LICENSE # _____

DATE _____

AGENTS HAVE NO BINDING AUTHORITY