

Schedule of Hazards (Attach a separate sheet, if necessary)

Loc #	Description	Class Code	Premium Basis	Interest	Part Occupied
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____ %
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____ %
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____ %
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____ %

GENERAL INFORMATION
EXPLAIN ALL "YES" RESPONSES

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? ☐ Yes ☐ No
2. Any operations sold, acquired, or discontinued in the last 5 years? ☐ Yes ☐ No
3. Is a formal safety program in operation? ☐ Yes ☐ No
4. Any exposure to flammables, explosives or chemicals? ☐ Yes ☐ No
5. Any medical facilities provided, or doctors employed / contracted? ☐ Yes ☐ No
6. Machinery or equipment loaned or rented to others? ☐ Yes ☐ No
7. Do past, present or discontinued operation involve storing, treating, discharging, applying, disposing or transporting of hazardous material eg. landfills, wastes, fuel tanks, etc? ☐ Yes ☐ No
8. Any parking facilities owned or rented? ☐ Yes ☐ No
- If yes, is a fee charged? ☐ Yes ☐ No
9. Are employees leased to or from other employers? ☐ Yes ☐ No
10. Any participation in trade shows, exhibits or conventions? ☐ Yes ☐ No
11. Are recreation facilities provided? ☐ Yes ☐ No
12. Are sporting or social events sponsored? ☐ Yes ☐ No
13. Are any structural alterations or demolition exposure contemplated? ☐ Yes ☐ No
14. Is there a swimming pool on the premises? ☐ Yes ☐ No
15. Are any watercraft, docks or floats owned, hired or leased? ☐ Yes ☐ No
16. Does any Named insured sell to any other Named Insured? ☐ Yes ☐ No

Remarks: _____
