



ORCHID

The First Choice.

Office Product Application – All States

Applicant's name: _____

Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather State

ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the last five years	True	False
2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in MO) If "False," explain: _____	True	False
3. Insured does not occupy more than 25,000 square feet	True	False
4. The applicant has not, is not and will not act as franchisor (grantor of a franchise)	True	False
5. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers	N/A	True False
6. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring	N/A	True False
7. Functioning and operational smoke and/or heat detectors in all units and/or occupancies	True	False

GENERAL LIABILITY

1. No packing, assembly or manufacturing of any products	True	False
2. No artisan contractors/general contractors	True	False
3. No retail or wholesale of products	True	False

Travel Agent - No organizing or guiding of tours

True False

Medical Office - Applicant does not provide physical rehabilitation services and general anesthesia

True False

Appraisers - No rare or collectible property coverage requested

True False

Real Estate - Does the application provide property management?

True False

PROPERTY

1. If you own the building and it is older than 15 years, please complete the following:

Age of roof: _____ yrs.

2. Plumbing type: PVC Copper Lead Galvanized Other _____

OPTIONAL COVERAGES

1. Terrorism	Yes	No
2. Water Back Up	N/A \$25,000	
3. Hired and Non Owned Auto	N/A Yes	No
# of employees	N/A 0-25	26- 100 101 or more
Cost to lease, hire or rent vehicles annually? _____		
Does applicant run MVRs on all employees?	N/A Yes	No
4. Employee Benefits Liability		
Limits (each employee/aggregate)	N/A \$25,000/ \$25,000 \$50,000/ \$50,000	\$100,000 /\$100,000
# of employees _____ (full and part time employees)		
Are all personnel who counsel employees familiar with the details of the insured's program?	N/A	Yes No
Are all programs in compliance with Cobra requirements?	N/A	Yes No
For optional employee benefits are rejections, either signed or electronic, required and kept on file?	N/A	Yes No

5. Employee Dishonesty

Limits

N/A\$25,000\$50,000

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?

N/A

Yes

No

Is Countersignature Of Checks Required?

N/A

Yes

No

If Not, Who Signs Controls?

Frequency of audits and by whom made?

Any losses within the last 5 years?

of employees- full and part time employees

6. Ordinance or Law Coverage (Coverage A, B & C combined)

N/A\$100,000\$250,000\$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages

None, or provide detail below.

Year	Status	Incurred	Description
	Open/Closed	\$	
	Open/Closed	\$	
	Open/Closed	\$	

Liability Coverages

None, or provide detail below.

Year	Status	Incurred	Description
	Open/Closed	\$	
	Open/Closed	\$	
	Open/Closed	\$	

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name:

Telephone/E-mail address: