|  |  |  |
| --- | --- | --- |
| <dscimg> src="dsc.xpression.crobject" refId="28114" name="ACE\_Logo10.bmp" rotation="0" familyID="22920" </dscimg> C:\Documents and Settings\v8dwiv\Application Data\EMC Document Sciences\xEditor\xprlu1-acena.ondemand.emc.com\1366885\Work\1366885_image004.png **ACE Group** |  |  |

**SPECIALITY BOP OFFICE SUPPLEMENTAL APPLICATION**

**APPLICANT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audit contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Year in business: \_\_\_\_\_\_\_\_\_\_\_

Annual Sales/Revenue: \_\_\_\_\_\_\_\_\_\_\_

Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS**

|  |  |
| --- | --- |
| Are functioning and operational fire extinguishers readily available? | 🞎 Yes 🞎 No |
| Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? | 🞎 Yes 🞎 No |
| Does the applicant have a 24 hour operation? | 🞎 Yes 🞎 No |
| Is any location, currently or in future, under construction or renovation? | 🞎 Yes 🞎 No |
| Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? | 🞎 Yes 🞎 No |
| Does the applicant own or operate any other businesses?  \*If marked yes, please provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 🞎 Yes 🞎 No  |
|  \*If marked yes, does the business have coverage placed elsewhere? | 🞎 Yes 🞎 No |
| Does the applicant have any foreign operations, foreign products distributed in USA, or US products sold/distributed in foreign countries? | 🞎 Yes 🞎 No |
|  |  |

**ACCOUNTING & ADVERTISING OFFICE CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant offer contractor services? | 🞎 Yes 🞎 No |
|  |  |

**ANSWERING/BILLING SERVICE CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant perform any installation, service or repair operations (including sub-contracted work)? | 🞎 Yes 🞎 No |
| How many apartment units are located in building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**EMPLOYMENT AGENCIES CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant provide temporary placement services? | 🞎 Yes 🞎 No |

**HANDWRITING ANALYSTS/GENEALOGICAL INVESTIGATOR CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant perform any installation, service or repair operations (including sub-contracted work)? | 🞎 Yes 🞎 No |

**MEDICAL/DENTAL OFFICE CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant perform any procedures under anesthesia on the premises? | 🞎 Yes 🞎 No |
| Are there any physical therapy or rehabilitation services provided? | 🞎 Yes 🞎 No |

**OFFICE (ON PREMISE)/PAYROLL/SECRETARIAL/TAX PREPARER SERVICE CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant perform any installation, service or repair operations (including sub-contracted work)? | 🞎 Yes 🞎 No |

**VETERINARIANS OFFICE CLASSES ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant train or sell guard, security, or service dogs? | 🞎 Yes 🞎 No |
| Has the applicant had a Professional Liability Claim or currently aware of a circumstance that may lead to a Professional Liability Claim? | 🞎 Yes 🞎 No |
| Do any Veterinarians provide veterinary services for the following? |  |
|  Animals used or bred for professional racing, show or delivering | 🞎 Yes 🞎 No |
|  Animals used or bred for professional racing, show or delivering | 🞎 Yes 🞎 No |
|  Training or obedience schools | 🞎 Yes 🞎 No |
|  Laboratory animal breeders | 🞎 Yes 🞎 No |
|  Animal shelters | 🞎 Yes 🞎 No |
|  Commercial cattle or hog confinement operations | 🞎 Yes 🞎 No |
|  Animal auctions | 🞎 Yes 🞎 No |
|  Prize livestock | 🞎 Yes 🞎 No |