

International Application Property Supplement

Applicant Information

Wholesale Broker Information

Named Insured: _____

Brokerage Name: Cover Agency, Ltd
170-14 Union Turnpike
Fresh Meadows, New York 11366

Coverages Requested (check all that apply)

Building Personal Property Boiler and Machinery Business Income / Extra Expense

Deductible(s) Requested:

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Perils:

All Risk All Risk (including Flood and Earthquake)

Sublimits

Earthquake: \$ _____ Windstorm: \$ _____ Flood: \$ _____

Salesperson's Samples

Description of Salesperson's Samples: _____

Salesperson's Samples Limit: \$ _____

Transit

Description of Goods: _____

Limit Requested: \$ _____ Destination of Shipments: _____

Estimated Annual # of Shipments: _____ Annual Value of Shipments: \$ _____

Property On Exhibition

Description of Goods on Exhibition: _____

Exhibition Limit: \$ _____ # of Annual Exhibitions: _____

Cargo

Description of Goods Shipped: _____

Countries: _____

Limits Requested: \$ _____ Estimated Annual # of Shipments: _____

Annual Value of Shipments: \$ _____ Certificates Required: No Yes

LOCATION INFORMATION (Complete for each location to be insured or amend any spreadsheet submitted separately to include all information)

Complete Location Address

Street Address: _____

City, State: _____

Country, Postal Code: _____

Insurable Values

Building: \$ _____ Machinery and Equipment: \$ _____

Merchandise: \$ _____ Stock: \$ _____

Other Property: \$ _____ Boiler & Machinery Sublimit: \$ _____

Business Income Including Extra Expense (annual values only): \$ _____

Country Tax ID: _____

Description of other Property: _____

COPE

Construction

Year Built: _____ Type of Construction: _____ Type of Roof : _____

Occupancy

Office Occupancy: No Yes # Stories: _____ Basement: No Yes

Building Square footage: _____ Owned Leased

Warehouse Occupancy: No Yes

If yes, Sole-occupant Multi-tenants If Multi-tenants, List Other Occupants: _____

Manufacturing Occupancy: No Yes If yes, Describe Manufacturing Process: _____

Protection

Is the building Sprinklered? No Yes Distance to the closest Fire Hydrant: _____ Distance to the Closest Fire Station: _____

Other Protection Devices (Fire alarm, burglar alarms, guards): _____

External Exposure

Nearest Occupants that surround building: _____ Building Distance from nearest body of water: _____

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: _____

Date: _____

Signature of Producer: _____

Date: _____