



Wholesalers Supplemental Application

General Information:

Applicant Name: _____ Website Address: _____

Quote/Policy Number: _____ Date Quote Needed: _____

Agency Name & Number: _____ Effective Date: _____

Part 1:

1. Description of goods sold? _____

2. Major Suppliers: _____

3. Total Receipts: _____

4. Are there any foreign goods imports? Yes No

If yes, list goods directly imported: _____

Do the foreign manufacturers provide U.S. Products Coverage? Yes No

5. Are there any retail sales? Yes No

If so, total retail receipts: _____

6. Are there any repair or installation services provided? Yes No

If yes, total receipts from service: _____

Type of service provided: _____

7. Are there any repackaging of goods? Yes No

If yes, are they repackaged under your own label? Yes No

Do you repackage any medical, cosmetic or food items? Yes No

Are there any warning labels required on the goods? Yes No

8. Are there any alterations or assembly of goods? Yes No

If yes, what goods are altered or assembled? _____

How are the goods altered? _____

Part 2:

1. What is the square footage of the largest undivided area in the building? _____

2. How long have you occupied this location? _____

3. How are the goods stored? _____

If in a rack system, how high are goods stacked? _____

Part 2 continued:

4. If stacked over 20 feet, is there an in rack sprinkler system provided? Yes No
Is the sprinkler system on an annual service or maintenance contract with a licensed or qualified sprinkler contractor? Yes No
5. Are there any hazardous/flammable products or goods stored in the building? Yes No
If yes, please describe: _____
Do you maintain up-to-date hazardous material safety data sheets? Yes No
Have the local fire officials been notified of the hazardous materials? Yes No
6. Do you have a peak season? Yes No
If yes, what is the maximum limit of contents? _____
What season or months will the peak season cover? _____
7. What is the Business Income for the 12-month period? _____
How is the Business Income calculated? _____
If you have a Business Income Worksheet, please provide.
8. Is the transit coverage limit greater than \$50,000 needed? Yes No
If yes, type of goods covered by the transit coverage: _____
Are the goods carried on owned trucks or common carrier? _____

Auto

1. Are there pre-employment screenings and MVRs done? Yes No
2. Do drivers have at least 2 years experience driving a similar vehicle and have working knowledge of handling the cargo to be transported? Yes No
3. Range of pick-up and deliveries: _____ Miles
4. Any backhauling? Yes No
5. Who maintains the vehicles? _____
6. Are vehicle maintenance records kept for each vehicle? Yes No
7. Are the vehicles stored in a secure area? Yes No
8. Any night driving? Yes No
If yes, how often? _____
9. Is there a Fleet Safety Program in place? Yes No
If yes, who is responsible for the program? _____
10. Are accident reporting and record keeping procedure reviewed periodically? Yes No

Workers Compensation:

- 1. Are pre-employment physicals and drug testing required? Yes No
- 2. Are there written job descriptions? Yes No
- 3. Are employees properly trained in material handling equipment i.e. forklifts? Yes No

Workers Compensation continued:

- 4. Are employees trained in proper lifting techniques? Yes No
- 5. Is there a written Early Return to Work Program? Yes No
- 6. Are there written safety guidelines? Yes No
- 7. Is there a safety committee? Yes No

IMPORTANT NOTICE TO ALL APPLICANTS:

THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED.

FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA):

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF

A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO ALL PENNSYLVANIA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Applicant's Printed Name

Applicant's Signature

Date

Agent's Signature

Date