

Safety Precaution - continued	Yes	No	If no, details
Electrically powered equipment properly grounded with routine maintenance and inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting activities isolated from other operations	<input type="checkbox"/>	<input type="checkbox"/>	
Painting done in UL approved spray-painting booths	<input type="checkbox"/>	<input type="checkbox"/>	
Welding operations separated from spray painting booths	<input type="checkbox"/>	<input type="checkbox"/>	

PROPERTY INFORMATION

1. Do you have fire extinguishers at all locations? Yes No
If no, provide details:

2. Are all fire extinguishers serviced and tagged within the past year? Yes No
If no, provide details:

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		