

ELEVATOR LIABILITY SUPPLEMENTAL APPLICATION

1. Provide claims history (Loss Run) for the past five years (attach separately)
 2. Provide samples of your typical Maintenance Contracts

Policy Effective Date:

A. APPLICANT INFORMATION

Name: (Complete name as it should appear on the policy, including Corp., Ltd., etc.) **Federal ID No:**

Mailing Address:
 Street _____ City _____ County _____ State _____ Zip _____

Location Address: (County is required) attach separate sheet if necessary
 Street _____ City _____ County _____ State _____ Zip _____

Applicant is: Corporation Partnership Joint Venture Individual Other (Specify)

Years in business under above corporate name:

Contact Person: Title: _____ email: _____ Phone Number: _____ Fax Number: _____

Names of Principals	Position/Occupation	Ownership	Total Years Exp.
1. _____	_____	_____ %	_____
2. _____	_____	_____ %	_____

B. EQUIPMENT TYPE

Provide the **number of units** you service for each type of elevator/escalator equipment listed below:

Equipment Type	# Units	Provide percentage of units for combined Passenger & Freight categories		
		Geared	Gearless	Hydro
Passenger		%	%	%
Freight				
Escalator		Are you engaged in Non-Elevator Operations? <input type="checkbox"/> Y <input type="checkbox"/> N		
Man Lift		If Yes, then what type? _____		
Home Lift				
Dumbwaiter		Must Specify <u>Other</u>		
Garage				
Other				
TOTAL:		Maximum # of Elevators/Escalators in any ONE/Single building: [_____]		

C. SALES & PAYROLL		SALES	PAYROLL
	Year	Total Receipts	Field, Supervision, Shop & Inspectors
	2 Years ago	\$	\$
	Last Year	\$	\$
	This Year (Projected)	\$	\$

For Manufacturing Exposure, please complete our Product Supplemental Application form

D. OPERATIONS

- Please provide the type of work performed as a % of total operations. (Total must equal 100%)
 Maintenance _____% Repair _____% Modernization _____%
 New Installation/ _____% Manufacturing _____% Other _____%
 Construction _____% Must describe **Other**: _____
- Do you perform work on Grain elevators? Y N
- Do you perform work on Hillside Lifts, Trams or Mining Elevator/Equipment? Y N

4	Do you perform work on Outside/Temporary Construction Material Lift? <input type="checkbox"/> Y <input type="checkbox"/> N															
5	Please provide the percentage breakdown of your service contracts. Full Maintenance: _____% Full with exclusions: _____% Parts Oil & Grease: _____% Oil & Grease: _____%															
6	What percentage of your work is performed in the following building size: 6 stories or less _____% 7 to 15: _____% 16 to 24: _____% 25-Up : _____%															
7	What percentage of your work is performed in these types of Buildings: (total must equal 100%) <table style="width:100%; border:none;"> <tr> <td style="border:none;"><u>Building Type</u></td> <td style="border:none;"><u>Building Type</u></td> <td style="border:none;"><u>Building Type</u></td> </tr> <tr> <td style="border:none;">Commercial _____%</td> <td style="border:none;">Residential (*) _____%</td> <td style="border:none;">Airport/Train _____%</td> </tr> <tr> <td style="border:none;">Hospital _____%</td> <td style="border:none;">Nursing Homes _____%</td> <td style="border:none;">Industrial/Factory _____%</td> </tr> <tr> <td style="border:none;">Housing Auth. _____%</td> <td style="border:none;">Private Home _____%</td> <td style="border:none;">Farm _____%</td> </tr> <tr> <td style="border:none;">(*) Multi-Story building (apartments and condos)</td> <td style="border:none;">Other _____%</td> <td></td> </tr> </table> Must describe <u>Other</u> : _____	<u>Building Type</u>	<u>Building Type</u>	<u>Building Type</u>	Commercial _____%	Residential (*) _____%	Airport/Train _____%	Hospital _____%	Nursing Homes _____%	Industrial/Factory _____%	Housing Auth. _____%	Private Home _____%	Farm _____%	(*) Multi-Story building (apartments and condos)	Other _____%	
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E. EMPLOYEES/EXPERIENCE/TRAINING

1	<p><i>What is the total number of full time employees (provide for each category listed below)</i></p> <table style="width:100%; border:none;"> <thead> <tr> <th style="border:none;"><i>Category</i></th> <th style="border:none;"><i># Union</i></th> <th style="border:none;"><i>#Non-Union</i></th> <th style="border:none;"><i>Total</i></th> </tr> </thead> <tbody> <tr> <td style="border:none;">Supervisors/Adjustors</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Mechanics</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Helpers</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Inspectors</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Manufacturing</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> </tbody> </table> <p>How many employees (Union & Non-Union) do you have with less than 5 years experience: _____</p>	<i>Category</i>	<i># Union</i>	<i>#Non-Union</i>	<i>Total</i>	Supervisors/Adjustors	_____	_____	_____	Mechanics	_____	_____	_____	Helpers	_____	_____	_____	Inspectors	_____	_____	_____	Manufacturing	_____	_____	_____
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2	<p>Do you have a technical training program? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Yes, is it <input type="checkbox"/> Formal (classroom) <input type="checkbox"/> Informal (on the job) How Often? _____</p> <p>Provide name & title of person responsible: _____</p>																								
3	<p>Do you have a written safety program? <input type="checkbox"/> Y <input type="checkbox"/> N Do you conduct classes? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Yes, is it <input type="checkbox"/> Formal (classroom) <input type="checkbox"/> Informal (on the job) How Often? _____</p>																								

F. POLICIES AND PROCEDURES

1	<p>How much of your work is sub-contracted? _____%</p> <p>Do you require certificates of insurance from sub-contractors? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Do you require your Subs to have an <i>Occurrence Limit</i> equal or greater than yours? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>What type of operation do you sub-contract? _____</p>
2	Do you provide written proposal to your customers to upgrade elevator equipment, such as mechanical door safeties, single speed AC controllers and manual freight elevator doors? <input type="checkbox"/> Y <input type="checkbox"/> N
3	Are elevator openings and other equipment properly barricaded for all types of work in order to eliminate public access in and around the work area? <input type="checkbox"/> Y <input type="checkbox"/> N
4	Do you have a formal "lock out / tag out" system? <input type="checkbox"/> Y <input type="checkbox"/> N
5	Do you require your employees/mechanics to use fall protection when working in the hoistway? <input type="checkbox"/> Y <input type="checkbox"/> N

At the time of signing this application, are you or any officer, director, partner, or any individual who is directly responsible for management of your establishment aware of any circumstances which may be expected to give rise to a claim under this policy? Y N

If Yes, explain:

 APPLICANT'S SIGNATURE AND TITLE

 DATE

Application must be signed and dated by Owner, Partner or Officer of the Company.

APPLICATION SUPPLEMENT

**THIS NOTICE IS A PART OF YOUR APPLICATION FOR INSURANCE.
(NOT APPLICABLE IN NEBRASKA, OREGON AND VERMONT)**

One of the following FRAUD STATEMENTS may apply in your state. If applicable, please read the statement carefully, place an **X** in the block next to the statement that applies to your state, sign and date the form at the bottom, and return this form with the application.

APPLICABLE IN THE STATE OF COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE STATE OF HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE IN THE STATE OF OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN THE STATE OF OKLAHOMA

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN THE STATE OF UTAH

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN ALL OTHER STATES (NOT APPLICABLE IN NEBRASKA, OREGON AND VERMONT)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

APPLICANT'S SIGNATURE

DATE