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APPLICATION FOR OUTBREAK EXTRA EXPENSE COVERAGE

This coverage is premise specific—coverage only applies to operational premises at locations included in this application, accepted by the underwriters, and included in the policy. Please complete all information in detail.

INSURED INFORMATION

- 1. Name of Applicant: _____
- 2. Principal business premises address: _____
(Street) (County)

(City) (State) (Zip)

Important:

This application has two sections. Section 1. includes operational questions—please answer all questions. Section 2. includes information identifying premises to be considered for coverage under the Outbreak Extra Expense Form. Complete all areas in full. This application can be used for up to 5 locations.

Section 1.

Operation Questions

- 1. Describe the nature of your business activities: _____

- 2. Has your business ever been closed or quarantined, or has your business ever been closed or given notice by any public health department, or public health official for any biological, infectious disease event, or any other health related hazard?[] Yes [] No
If Yes, explain. _____

- 3. Is your business regulated by any public health department or official?[] Yes [] No
If Yes, explain. _____

- 4. Does your business involve itself in any way with any biological materials?[] Yes [] No
If Yes, explain. _____

- 5. Does your business serve food to the public?[] Yes [] No
If Yes, are more than 50% of receipts from sales of seafood?[] Yes [] No
- 6. Does your business contemplate habitational, overnight lodging or educational exposures?[] Yes [] No
If Yes, describe. _____

- 7. Is your business health care related?[] Yes [] No
If Yes, describe. _____

Note: If each “insured premises” has different operations (i.e. restaurant, retail, etc.) complete separate application for only those premises whose operations are different than described above.

Section 2.

Location Information

All address information needs to be included in detail. Please be sure to include exact suite information, etc.

Complete all information for each location that will be covered under the policy. This application can be used for up to 5 locations. For more than 5 locations, attach additional location data as required.

For premises where operations differ from those describe in Section 1. complete a separate application.

Location 1.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you apply for coverage as a:

Lessee?[] Yes [] No

Lessor?[] Yes [] No

Is your business the sole occupant at this street address?[] Yes [] No

Does your business occupy any other space at this location?[] Yes [] No

If Yes, describe. _____

Do you own this building?[] Yes [] No

Are you requesting coverage for any location other than Location 1.?[] Yes [] No

If Yes, you must complete Location 2. information.

Location 1. (required)

Location 1. Annual Revenue:	\$
Location 1. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 2.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you apply for coverage as a:

Lessee?[] Yes [] No

Lessor?[] Yes [] No

Is your business the sole occupant at this street address?[] Yes [] No

Does your business occupy any other space at this location?[] Yes [] No

If Yes, describe. _____

Do you own this building?[] Yes [] No

Are you requesting coverage for any location other than Location 1.and 2.?[] Yes [] No

If Yes, you must complete Location 3. information.

Location 2. (required)

Location 2. Annual Revenue:	\$
Location 2. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 3.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you apply for coverage as a:

Lessee?[] Yes [] No
Lessor?[] Yes [] No

Is your business the sole occupant at this street address?[] Yes [] No

Does your business occupy any other space at this location?[] Yes [] No

If Yes, describe. _____

Do you own this building?[] Yes [] No

Are you requesting coverage for any location other than Location 1., 2. and 3.?[] Yes [] No

If Yes, you must complete Location 4. information.

Location 3. (required)

Location 3. Annual Revenue:	\$
Location 3. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 4.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you apply for coverage as a:

Lessee?[] Yes [] No
Lessor?[] Yes [] No

Is your business the sole occupant at this street address?[] Yes [] No

Does your business occupy any other space at this location?[] Yes [] No

If Yes, describe. _____

Do you own this building?[] Yes [] No

Are you requesting coverage for any location other than Location 1.,2., 3. and 4.?[] Yes [] No

If Yes, you must complete Location 5. information.

Location 4. (required)

Location 4. Annual Revenue:	\$
Location 4. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 5.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you apply for coverage as a:

Lessee?[] Yes [] No

Lessor?[] Yes [] No

Is your business the sole occupant at this street address?[] Yes [] No

Does your business occupy any other space at this location?[] Yes [] No

If Yes, describe. _____

Do you own this building?[] Yes [] No

Are you requesting coverage for any location other than Location 1.,2., 3., 4. and 5.?.....[] Yes [] No

If Yes, you must complete additional information for each location. (attach separately).

Location 5. (required)

Location 5. Annual Revenue:	\$
Location 5. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Investors Underwriting Managers, Inc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Investors Underwriting Managers, Inc. or the Company, 310 Highway 35 South, Red Bank NJ 07701.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

 Name of Applicant Title

 Signature of Applicant Date

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other 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.