



Distributors and Wholesalers Program Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Does the product manufacturer(s) have a Web site? Yes No
If yes, provide Web site address(es): _____

2. Please provide detailed description of the products you distribute.

3. Do you verify the manufacturers have products liability coverage? Yes No

4. Are you named as additional insured by the manufacturer(s)? Yes No

5. Who are your primary customers? _____

6. What percent of your sales are retail? _____%

7. What percent of your sales are via the internet? Retail _____%
 Wholesale _____%

8. Do you import directly from foreign countries? Yes No

9. Do you manufacture or assemble any products? Yes No

10. Are you a manufacturer's representative for any products sold or distributed?..... Yes No

11. Do you do any relabeling, repackaging, mixing or blending of products?..... Yes No
If yes, explain: _____

12. Do you perform or subcontract any installation, servicing or repair of any products? Yes No

13. Are any products sold under your label?..... Yes No

14. Do you sell any used items? Yes No
If yes, what percent of sales does this represent? _____%
Any refurbishing or repair done prior to resale? Yes No

15. Are any products sold intended for use in the airline or oil/gas industry?..... Yes No

16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?..... Yes No



17. Do you hold a patent or were you involved in the design for any product?..... Yes No

If yes, explain: _____

18. Indicate which of the following products you distribute or sell:

- | | |
|--|---|
| <input type="checkbox"/> Aircraft or Related Products | <input type="checkbox"/> Fur Apparel |
| <input type="checkbox"/> Anhydrous Ammonia | <input type="checkbox"/> Industrial Values and Fittings |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Jewelry or Gemstones |
| <input type="checkbox"/> Art | <input type="checkbox"/> Liquor Sales Via Internet |
| <input type="checkbox"/> Blood or Plasma | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Museum Artifacts |
| <input type="checkbox"/> Cell Phones or Pagers | <input type="checkbox"/> Natural, Artificial or Liquid Oil or Gas |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Oriental Rugs |
| <input type="checkbox"/> Collectible/Memorabilia Sales | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Photography Equipment |
| <input type="checkbox"/> Contractors Equipment | <input type="checkbox"/> Recording Equipment |
| <input type="checkbox"/> Electronic Equipment/Components | <input type="checkbox"/> Sporting Goods or Athletic Equipment |
| <input type="checkbox"/> Electronic Media (i.e. CDs, DVDs, etc.) | <input type="checkbox"/> Stereo Equipment |
| <input type="checkbox"/> Explosives or Fireworks | <input type="checkbox"/> Telecommunication Equipment |
| <input type="checkbox"/> Feed, Grain, or Seeds | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Firearms or Ammunition/Black Powder | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Foreign Products | <input type="checkbox"/> Vitamins or Health Supplements |
| <input type="checkbox"/> Fuel | |

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

20. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

FRAUD WARNING: 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 such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 pay-



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able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____