CARRIER:

United States Liability Insurance Company

Specified Professions Professional Liability Supplemental Application for General Liability and Property

PLEASE FILL OUT THE GENERAL INFORMATION SECTION, ALONG WITH THE SECTION(S) YOU ARE REQUESTING COVERAGE.

Applicant's name: _____

I. GENERAL LIABILITY AND PROPERTY INFORMATION

1. Is the premises residential or commercial? ○ Residential ○ Commercial
2. Do you currently maintain an active general liability policy? ○ Yes ○ No
3. Has the applicant had any general liability or property claims paid, reserved or pending in the last five years? ○ Yes ○ No
   If "Yes," please provide details: _____
4. Business personal property limit $ _____

Building Construction: ○ Frame ○ Masonry NC ○ Joisted masonry ○ Modified fire resistive ○ Noncombustible ○ Fire resistive		
What year was the building constructed? _____	FUS Grade _____	Type of Burglar Alarm ○ Local ○ Central Station ○ None
Business Personal Property Limit: $ _____		

5. Is 100 percent of the electric wiring on functioning and operating circuit breakers? ○ Yes ○ No ○ N/A – building built after 1978
6. Is there any aluminum wiring or knob and tube wiring? ○ Yes ○ No ○ N/A – building built after 1978
7. Are there functioning and operational smoke and/or heat detectors? ○ Yes ○ No

II. ADDITIONAL INSURED INFORMATION

(AI = Additional insured, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to US, P = Primary and Non-Contributory wording)

Name	Interest	Address	AI		M	W	P
			GL	*E&O*			
			○	○	○	○	○
			○	○	○	○	○
			○	○	○	○	○

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)

This application is a supplement to the Specified Professions Professional Liability Application submitted by the applicant. All representations, statements, acknowledgments, understandings and agreements set forth in the Specified Professions Professional Liability Application are incorporated by reference as though fully set forth herein.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.