



# American Modern Insurance Commercial Marine Premise Liability Supplemental Application

Complete one application for each premise location. Include a diagram of the area along with photos of the buildings, parking lot, docks, and any recreational areas.

Agency code #:
Agency name:
Applicant's name:
Exact address of premise:
Square footage of occupied area in building:
Total square footage of area including parking lots, docks, buildings, and land:
List all activities that occur at the premise address:
Any dog or exotic pet located on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes describe:
Any playground, pool, swim, picnic, or recreational area? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes describe:
Any other businesses operating at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes describe:
Do they have insurance in force? <input type="checkbox"/> YES <input type="checkbox"/> NO
How long has applicant operated from this location?
Describe in detail any losses that have occurred in the past five years:
Additional Insured name and address:
Liability limits requested : <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000

I affirm that the information provided is true to the best of my knowledge and that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire. I hereby authorize appropriate state authorities to release my motor vehicle driving record to American Modern Insurance Group or its representative. This release shall remain in effect until I request in writing that it be withdrawn. I understand that as part of routine procedures, an investigative consumer report may be ordered that could contain information about my character, general reputation, personal and financial characteristics, and mode of living. Information on the nature and scope of such a report, if one is made, will be provided to me upon my written request. I understand that the discovery of any material misrepresentations or omissions in this Application may result in a change in the premium charge for my policy, or may cause my policy to be cancelled or voided.

Applicant's Signature

Date

Insurance Agent's Signature

Date