

7. Please list prior losses:

Loss Date	Description of Loss	\$ Amount Paid	\$ Amount Reserve	Open	Closed

8. Please indicate if this facility has: Pool Jacuzzi Racquet or Tennis courts

C. Other Information
 Explain all "Yes" Responses in Remarks Section Below. Yes No

1. Is applicant engaged in any other type of business?		
2. Are Sub-Contractors used?		
3. Any work sublet without certificates of insurance?		
4. Is a formal safety program in operation?		
5. Is there any volunteer or donated labor?		
6. Do employees travel out of the country?		
7. Any prior coverage declined/cancelled/non-renewed within the past 3 years? (not applicable in MO.)		
8. Do you lease employees to or from other employers?		
9. Are all employees trained in how to act in the event of a robbery?		
10. Are all employees provided with training/education on ergonomic issues?		

Remarks: _____

D. Signature

 X
 APPLICANT'S SIGNATURE DATE

Submitting Your Application

FAX COMPLETED APPLICATION TO: 800-567-4028

OR MAIL TO:
 Affinity Insurance Services, Inc.
 Attn: Affinity Commercial Services Dept.
 159 E county Line Road
 Hatboro, PA 19040

FOR QUESTIONS: 866-229-3343 or email info@affinitycommercialservices.com

