/ SUPPLEMENTAL APPLICATION

Loss & Claims Supplement

Detailed loss history for any line. Attach currently-valued carrier loss runs.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

DESCRIPTION OF OPERATIONS / NATURE OF BUSINESS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

COVERAGE & LOSS SUMMARY

Complete for every line of coverage. Attach all carrier loss runs valued within the last 90 days.

NUMBER OF YEARS LOSS HISTORY PROVIDED	LINES OF COVERAGE INCLUDED	TOTAL INCURRED (ALL YEARS) $

PRIOR CARRIER HISTORY

Five-Year Carrier & Premium History

POLICY YEAR	LINE / COVERAGE	CARRIER	PREMIUM $	# CLAIMS	INCURRED $

DETAILED LOSS SCHEDULE

Loss Detail (one row per claim)

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION OF LOSS / CAUSE	PAID $	RESERVE $	TOTAL INCURRED $	OPEN / CLOSED

LARGE & OPEN CLAIM NARRATIVE

FOR EACH CLAIM OVER $25,000 OR STILL OPEN, DESCRIBE THE CAUSE, CURRENT STATUS, LITIGATION, AND ANY CORRECTIVE / RISK-CONTROL MEASURES TAKEN TO PREVENT RECURRENCE

CLAIMS QUESTIONS

1.	Are any of the above claims still open, reserved, or in litigation / subrogation?	☐ YES	☐ NO
2.	Have risk-control or loss-prevention changes been implemented as a result of these losses?	☐ YES	☐ NO
3.	Are there any known incidents, facts, or circumstances that may give rise to a future claim?	☐ YES	☐ NO
4.	Has the applicant had any claim denied, or any coverage rescinded, in the past 5 years?	☐ YES	☐ NO
5.	Have there been any losses involving fraud, abuse, assault, or punitive damages?	☐ YES	☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #