/ SUPPLEMENTAL APPLICATION

Schedule of Locations Supplement

Premises and construction (COPE) detail for multi-location risks.

> 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

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

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

SCHEDULE OF LOCATIONS / PREMISES

List every owned, leased, or operated location.

Locations

LOC #	FULL ADDRESS	OCCUPANCY / USE	OWNED / LEASED	SQ FT	YEAR BUILT	# STORIES

CONSTRUCTION DETAIL (COPE)

LOC #	CONSTRUCTION TYPE	ROOF TYPE / AGE	WIRING UPDATED (YR)	PLUMBING UPDATED (YR)	HVAC UPDATED (YR)	SPRINKLERED (Y/N)	PROTECTION CLASS

PROTECTION & EXPOSURE

LOC #	CENTRAL-STATION FIRE ALARM	CENTRAL-STATION BURGLAR ALARM	DISTANCE TO HYDRANT (FT)	DISTANCE TO FIRE DEPT (MI)	FLOOD / QUAKE / WIND ZONE

UNDERWRITING QUESTIONS

1. Are all locations owned or directly controlled by the applicant? ☐ YES ☐ NO

2. Are any locations vacant, under renovation, or partially occupied? ☐ YES ☐ NO

IF YES, WHICH AND DETAILS

3. Are central-station fire and burglar alarms present and monitored at all locations? ☐ YES ☐ NO

4. Are any locations in a designated flood, wildfire, named-windstorm, or coastal-wind zone? ☐ YES ☐ NO

5. Have roof, wiring, plumbing, and HVAC been updated within the last 20 years at all locations? ☐ YES ☐ NO

6. Is there any habitational, cooking, manufacturing, or hazardous-material occupancy at any location? ☐ YES ☐ NO

7. Are any locations leased to or shared with other tenants? ☐ YES ☐ NO

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

COVERAGE REQUESTED

GL EACH-OCCURRENCE

GL AGGREGATE

PROPERTY TIV (ALL LOCATIONS) $

PROPERTY DEDUCTIBLE

REQUESTED EFFECTIVE DATE

EXPIRING PREMIUM

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

8. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

9. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

10. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

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 #