



Furniture Retailer Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant directly import more than 50% of their products from outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant sell any products under their own name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant receive indemnification and additional insured status from all suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any of the following exposures? <input type="checkbox"/> Infant furniture <input type="checkbox"/> Rental of products <input type="checkbox"/> Mattress stores <input type="checkbox"/> Refurbished or used products <input type="checkbox"/> Fireplaces, Wood burning stoves or similar products <input type="checkbox"/> Installation/or subcontracting of gas powered appliances (such as stoves, grills, dryers or hot water heaters) <input type="checkbox"/> Assembly of products by insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____