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Incubator.com Insurance Program
INSURANCE PROGRAM ~ Underwritten by The Hartford Insurance Company
(AM Best RatingA+)

GENERAL INFORMATION:

Named Insured			
Mailing Address	Zip:		
Legal Entity	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Effective Date	/ / to / /		
Billing	<input type="checkbox"/> Prepaid <input type="checkbox"/> 4 Pay <input type="checkbox"/> 10 Pay		
Contact Info	Name:		
	Telephone #:	Fax #	
Email Address			
Website Address			
Year Business Established		Has Coverage Ever Been Declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE HIGHLIGHTS:

Minimum Premium: \$500.00

Workers' Compensation: 4% Dividend

Workers' Compensation: Upfront Deviation (credit) available in most states

STRETCH & SUPER STRETCH ENHANCEMENT ENDORSEMENTS AVAILABLE:
Accounts Receivable, Backup of Sewers & Drains. Computer & Media, Valuable Papers,
Employee Dishonesty, Forgery...and more! (subject to limits provided)

BUSINESS PAC: Minimum Premium \$500.00

Please answer application questions – if not applicable, indicate “N/A”. If answer is unknown, please indicate “UNK”.

Policy Level Coverages

General Liability Limits: \$1,000,000 <i>(Complete E&O Supplemental for Professional Liability Coverage)</i>	Property Deductible (select one) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Broadening Endorsement - Please check if desired. Stretch Endorsement Automatic <input type="checkbox"/> Super Stretch Endorsement	Hired & Non-Owned Auto Liability (select if you have no owned autos) <input type="checkbox"/>

Property - Location #1 (Re-print for additional locations)

Street Address:		
City:	State:	Zip:
Building Limit: \$		Business Contents Limit: \$
Square Footage Occupied:		
Age of bldg.:		If age>30yrs, date of renovation:
# of Stories	Right Exposure (i.e. office, deli.):	Left Exposure:
Protection Class: (if known)	Distance to Fire Dept:	Fire Hydrant: <input type="checkbox"/>Yes <input type="checkbox"/> No
Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Burglar Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		
Fire Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal NC <input type="checkbox"/> Masonry NC/Fire Resistive		
Additional Insureds:		
Name & Address:		
Name & Address:		
<i>(please describe relationships)</i>		
Mortgagees and/or Loss Payees:		
Name & Address:		
Name & Address:		
Computer Equipment:		
Hardware \$ _____ Software \$ _____		

AUTOMOBILE

EFFECTIVE DATE: _____

Policy Coverages	
Coverage	Limit
Liability	\$
PIP (no fault)	\$
Med Pay	\$
Uninsured Motorist	\$
Underinsured Motorist	\$
Hired & Non-Owned	\$

Vehicle #1

Year	Make	Model	Comp Ded	Collision Ded	Cost New	Vin #

Garaging Location:		
City:	State:	Zip:
Vehicle Usage:		
Radius of Operation:		
Additional Coverages (specify):		
Vehicle Weight: <input type="checkbox"/> 0-10,000lbs <input type="checkbox"/> 10,001-20,00lbs <input type="checkbox"/> 20,001+lbs		
<input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Private Passenger		
<input type="checkbox"/> Rental Reimbursement \$ per day/ days		
<input type="checkbox"/> Towing & Labor		
Loss Payee:		

Vehicle #2

Year	Make	Model	Comp Ded	Collision Ded	Cost New	Vin #

Garaging Location:		
City:	State:	Zip:
Vehicle Usage:		
Radius of Operation:		
Additional Coverages (specify):		
Vehicle Weight: <input type="checkbox"/> 0-10,000lbs <input type="checkbox"/> 10,001-20,00lbs <input type="checkbox"/> 20,001+lbs		
<input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Private Passenger		
<input type="checkbox"/> Rental Reimbursement \$ per day/ days		
<input type="checkbox"/> Towing & Labor		
Loss Payee:		

Vehicle #3

Year	Make	Model	Comp Ded	Collision Ded	Cost New	Vin #

Garaging Location: City: _____ State: _____ Zip: _____
Vehicle Usage: Radius of Operation: _____
Additional Coverages (specify): _____
Vehicle Weight: <input type="checkbox"/> 0-10,000lbs <input type="checkbox"/> 10,001-20,000lbs <input type="checkbox"/> 20,001+lbs
<input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Private Passenger
<input type="checkbox"/> Rental Reimbursement \$ _____ per day/ _____ days
<input type="checkbox"/> Towing & Labor
Loss Payee: _____

DRIVER INFORMATION

Please list all drivers. This included employees using their own vehicles for business purposes.

Driver Name	Date of Birth	License Number	Issuance State

Drivers must have the type of license required by their states for the vehicles operated. Please answer the following questions regarding motor vehicle violations occurring in the past three years (unless otherwise noted).

Has any drivers' license been suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any driver been arrested for: <ul style="list-style-type: none"> • Driving while intoxicated, or under the influence of alcohol or drugs? • Reckless driving or similar violations (e.g., racing)? • For speeds more than 25 mph over the posted limit? • For criminal type convictions (e.g. negligent homicide, manslaughter, hit & run)? • Driving without a license? • Failure to report an accident or making a false report to authorities? 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any driver had three or more at fault accidents and/or moving violations in the past three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any driver had two or more at fault accidents and/or moving violations in the past three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If "YES" is answered to any of the questions above, please document the name of the driver involved, date of birth, driver's license number and state.

WORKERS COMPENSATION (Attach Copy of Policy if Available)

(not available in Alaska, Delaware, Hawaii, Kentucky & Puerto Rico)

EFFECTIVE DATE: _____ STATE: _____

Employers Liability BI Limits	Employers liability limits 100/500/100 unless otherwise indicated <input type="checkbox"/> \$500,000 each accident/\$500,000 policy limit/\$500,000 each employee
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Coverage State	Class Codes	Annual Payroll
		\$
		\$
		\$
		\$
Experience Mod:	Federal ID#:	Bureau ID#:

COVERAGE INCLUSIONS/EXCLUSIONS:		
If corporation, are the officers included or excluded? <input type="checkbox"/> Include <input type="checkbox"/> Exclude		
If sole proprietor or partnership, are the sole proprietor or partners included or excluded? <input type="checkbox"/> Include <input type="checkbox"/> Exclude		
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

DISABILITY

EFFECTIVE DATE: _____

Of Males _____ # Of Females _____

UMBRELLA

EFFECTIVE DATE: _____

(Provides excess liability coverage over a primary or underlying liability policy(ies).

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
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THE FOLLOWING MUST BE COMPLETED TO PROPERLY QUOTE YOUR COVERAGE.

3 Year Loss Information: Property, Liability, Crime, Automobile, Workers Comp, & Umbrella (Company loss runs may be attached in lieu of completing loss information). If new venture, please indicate.

Loss Date	Loss Description	Paid/Reserved	Policy Premium That Year

GENERAL QUESTIONS:
(please answer even if not applicable)

Any work performed underground or above 15 feet? Yes No

Work on barges, vessels, docks bridges over water? Yes No

Is applicant involved in any other type of business? Yes No

Sub- contractors used? If yes, %_____

Any part-time of seasonal employees? Yes No

Is there any volunteer of donated labor? Yes No

Any prior coverage declined, cancelled, non-renewed within last 3 years? Yes No

If yes, explain _____
 Any leasing of employees to or from other employees? Yes No

Is any work performed above two stories? Yes No

Exposure to chemicals of any kind? Yes No

Any work with exposure to carcinogens? Yes No

Heavy manual lifting? Yes No

If yes, explain _____

Please provide carrier and premium information for your current coverage:

(If new venture, please indicate)

DESCRIPTION	COMPANY	PREMIUM
Property/Liability		
Professional Liability (E&O)		
Automobile		
Workers Comp		
Umbrella		

I understand that this application provides coverage highlights only and that I must read my policy(ies) to determine full coverages and exclusions provided. I hereby declare that the statements made in this application are complete and true. The signing of this application does not bind the application for coverage.

Applicant's Signature	Print Applicant Name/Title	Date

(Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Applicable in Ohio

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds or an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.