



Specified Professions Professional Liability Product

BUSINESSOWNERS SUPPLEMENTAL PACKAGE ADDENDUM

If you DO NOT currently carry general liability and/or property insurance with United States Liability Insurance Group and would like a quotation, please complete the following questions:

Applicant name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Has the applicant had any general liability claims paid, reserved or pending in the last five years? Yes No

If "Yes," please provide details: _____

2. Additional insured(s) to be included on general liability:

| | Name | Relationship to Applicant | Address |
|----|-------|---------------------------|---------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |

3. Personal property limit, including computer hardware (at 80% coinsurance/replacement cost): \$ _____

4. Building Characteristics:

(a) Are functioning burglar alarms present? Yes No

(b) Is the electrical system connected to circuit breakers? Yes No

(c) Are functioning smoke detectors and fire alarms present? Yes No

(d) Is aluminum wiring present in the building? Yes No

5. Has the applicant had any property claims paid, reserved or pending in the last five years? Yes No

If "Yes," please provide details: _____

This supplemental application is subject to the same provisions concerning representations made in the general application originally submitted to obtain professional liability insurance.

Signature: _____ Title: _____ Date: _____
(Principal, Partner or Officer)