



Pedorthic Footwear Association BUSINESS INSURANCE APPLICATION



1. Business Named and DBA's: _____
2. Contact Name: _____
3. Address: _____
4. Phone: (_____) _____ Fax: (_____) _____
E-mail: _____ Website Address: _____
5. Applicant is: Individual Partnership Corporation Other _____
6. Numbers of years in business: _____ FEIN # _____
7. Policy Effective Date: _____ State incorporated in: _____

PROPERTY COVERAGE (Includes business owned buildings and contents)

Includes locations of all premises owned, or leased if a tenant (use separate sheet for additional locations)

PROPERTY LOCATION	SQ. FT	OWN/TEN	CONST.	BLDG. LIMIT, if owned	CONTENTS* LIMIT	BLDG AGE*

*CONTENTS INCLUDE INVENTORY STOCK, MACHINERY, EQUIPMENT, COMPUTERS, PROPERTY OF OTHERS, TENANTS IMPROVEMENTS, AND BETTERMENTS.

MORTGAGEE/LOSS PAYEE (List all new CONTRACT HOLDERS): _____

LIABILITY COVERAGE (Includes product, professional and premises liability)

Limit of liability: _____ \$1,000,000 Each Occurrence/\$2,000,000 Annual Aggregate
 _____ \$1,000,000 Each Occurrence/\$3,000,000 Annual Aggregate

PREMIUM BASE DESCRIPTION	ESTIMATED ANNUAL NET* SALES
Sales of Shoes, Orthotics and Accessories - Include all items you make, fit, alter, adjust and sell as a custom device or as a retail sale. This includes fees for giving advice on use and care of the device.	\$
Repair (non-custom) - Include repairs not involving prescription	\$
Other Please explain -	\$

(*ANNUAL NET SALES REPRESENTS YOUR SALES AFTER YOUR "DISALLOWED" OR UNCOLLECTIBLE IS DEDUCTED. THIS DOES NOT REPRESENT NET PROFIT. ***THIS POLICY IS NOT AUDITABLE, SO PLEASE BE ACCURATE WITH YOUR ESTIMATED SALES***)

UMBRELLA LIABILITY COVERAGE (Catastrophe Coverage)

Limit Desired: \$1,000,000 \$2,000,000 \$5,000,000 Other _____

All of the following questions must be answered and the minimum underlying limit requirements met:

Business Auto (not personal owned) \$1,000,000 CSL; Employers Liability 500/500/500 (subject to company approval)

1. Workers Compensation carrier: _____
2. Workers Compensation Policy Number: _____ Period: _____
3. Automobile carrier: _____
4. Automobile Policy Number: _____ Period: _____
5. Do you: Own any Water Craft? Yes No; Own any Air Craft? Yes No; Lease any Air Craft? Yes No

BUSINESS INCOME COVERAGE

You automatically receive \$500,000 of Business Income Coverage at each location. If you need additional amounts, please complete the business income formula for optional quotation.

Start with sales	\$	
Subtract cost of goods sold	-\$	
Add adjustment for growth	+\$	
Add specialties (rent, loans)	+\$	
Total Proposed Limit	=\$	

OTHER OPTIONAL COVERAGE/POLICY

(Check any that you are interested in)

- | | |
|--|---|
| <input type="checkbox"/> Workers Compensation Policy
<input type="checkbox"/> Business/Automobile Policy
<input type="checkbox"/> ERISA Bond
<input type="checkbox"/> Medicaid Bond | <input type="checkbox"/> Employment Related Practices Policy
<input type="checkbox"/> Directors & Officers Liability Policy
<input type="checkbox"/> Flood/Wind (if coastal exposure)
<input type="checkbox"/> Other _____ |
|--|---|

LOSS HISTORY

(Include all incidents & losses for the past 5 years (prior carrier loss runs where available))

Description & date of losses (if no losses state NONE)	Total amount paid	Opened/Closed

CURRENT/PREVIOUS CARRIER INFORMATION

Has your business policy ever been cancelled? Yes No

Name	Policy expiration date	Premium
		\$

GENERAL INFORMATION

- A. Are you a member of the Pedorthic Footwear Association? Yes No
- B. Number of Certified Practitioners: ___ C. Ped. ___ ABC/BOC ___ other (specify) _____
- C. Do you sell, rent, repair, or install (IF NONE, INDICATE 0%):
 Heart Monitoring Devices __%, Any Diagnostic Equipment __%, Van Lifts __%, O₂ Equipment __%,
 Electrical Equipment __%, Automobile Hand Controls __%, Stair Lifts __%
- D. Do you distribute any foreign products in the US? Yes No If yes, sales \$ _____
- E. Are any of your products sold or distributed overseas? Yes No If yes, sales \$ _____
- F. Enclose latest year end financial information.
- G. Enclose CV or Resume of officers or primary practitioners.
- H. Include a full description of your operation and brochures or product and service description.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION 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.

Return to:

Affinity Insurance Services
 159 E. County Line Road
 Hatboro, PA 19040-1218
 (800) 544-2672
 (312) 360-9237 Fax

Signed _____ Date _____
(Signature of applicant)

 (Print Name of Applicant)