

**Supplemental Application  
General Risk Information**

Applicant Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

1. Name of all entities to be insured on this policy:

2. What is the date and location that this business was established? \_\_\_\_\_  
Date City/Town & State

3. How long has this business been located at its current principal place of business? \_\_\_\_\_

4. Management, Ownership and Control: Please provide the following information for all owners, officers, partners and stockholders for the entities insured on this policy:

Name	Position	Years in Position	Percentage of Ownership
			%
			%
			%
			%

5. Does the Principal Owner(s) have any other form(s) of employment and/or income?  Y  N

If yes, please explain:

6. List the name and address of all affiliated companies or corporations under the same ownership:

7. Do you or your company have an active Workers' Compensation insurance policy?  Y  N

If yes, provide a copy of your policy Declarations Page. If no, please provide an explanation as to why not:

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8. Do you or your company have an active General Liability insurance policy?  Y  N

If yes, provide a copy of your policy Declarations Page. If no, please provide an explanation as to why not:

9. Does your company have an ACTIVE filing with the Massachusetts Secretary of Commonwealth's office?  Y  N

If no, please provide an explanation as to why:

10. Are any of the risks to be insured on the policy public automobiles?  Y  N

If yes, please complete the Public Auto Information addendum of the application.

11. Will any of the risks to be insured on the policy be engaging in Transportation Network Services activities during the policy period?  Y  N

If yes, please complete the Taxi, Limousine, and Car Service Application.

12. Are any of the risks to be insured on the policy truckers/motor carriers?  Y  N

If yes, please complete the Trucker/Motor Carrier Information Addendum of the application.

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Agent Name: \_\_\_\_\_

By signing below, I hereby certify that all information provided herein is true and accurate.

Signature of Applicant's Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Applicant's Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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Witness to the Signator and Signing above:

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Producer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

Furthermore, the applicant has the responsibility to notify the insurance company of any changes in vehicles and/or use of the vehicles during the policy term. Failure to do so may result in the denial of coverage.