



8. Does applicant employ any of the following .  
Maid \_\_\_\_\_ Gardener \_\_\_\_\_ Nanny \_\_\_\_\_ Chauffeur \_\_\_\_\_ Body Guard \_\_\_\_\_

9. Do you own, charter or have regular use of an aircraft?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, describe \_\_\_\_\_  
Do you have a pilot license? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Please list Homeowners Carrier: \_\_\_\_\_

11. Please list all owned/leased vehicles, motorcycles and watercraft:

	Year	Maker/Model	JHP Type of Watercraft	Length.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

12. Please list Auto Carrier: \_\_\_\_\_  
Policy Effective Date: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_

Attach copy of insurance Declaration Page

13. Please list Watercraft Carrier: \_\_\_\_\_  
Policy Effective Date: \_\_\_\_\_  
Policy Expiration Date. \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_

Attach copy of insurance Declaration Page

14. Please list Personal umbrella Carrier: \_\_\_\_\_  
Policy Effective Date: \_\_\_\_\_  
Policy Expiration Date. \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_

Attach copy of insurance Declaration Page

15. Drivers in Household and any other person who has regular access to the vehicles:

	Name	Date of Birth	License & State	Describe Moving Violation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

16. Do any of the following exposures exist?

	<u>Yes</u>	<u>No</u>	<u>If yes, describe</u>
Body Guards			_____
Books or Videos			_____
Broadcasting			_____
Charity Events			_____
Farming/Ranching			_____
Guard Dogs			_____
Horses or Non-Domestic Animals			_____
Personal Appearances			_____
Product Endorsement			_____
Recreational Vehicles			_____
other			_____

17. If yes to an of toe above, are there contractual hold harmless agreements in place for the insured? \_\_\_\_\_

18. Explain in detail any liability loss of \$ 1,000 or greater incurred by the applicant or family members in the last 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Limits Of Liability Desired, Primary: \_\_\_\_\_ Excess: \_\_\_\_\_

THIS IS NOT A BINDER OF COVERAGE

THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION

FALSE INFORMATION: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT. WHICH IS A CRIME

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date

# ( FAX

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
STATE, ZIP: \_\_\_\_\_  
DATE: \_\_\_\_\_  
NUMBER OF PAGES(incl. Cover): \_\_\_\_\_  
\* FAX TO: \_\_\_\_\_

**PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.**

\* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

\_\_\_\_\_  
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