



Wholesaler/Distributor Program Supplement

(Required for all OnePac policies written in the Wholesaler/Distributor Program)

(If any information varies by building or premises, please use the "Notes" section to provide details)

Applicant's Name:	Agency Name:
-------------------	--------------

General Eligibility Questions – All Applicants

Is the applicant in full compliance with all life safety requirements and applicable building ordinances and laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant store any chemicals, explosives, flammables, fuels or solvents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they stored in approved containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any buildings containing a habitational units? If yes, do all such units have hard wired smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is security provided at any building? If yes, check all that apply: Security Guard <input type="checkbox"/> Guard Dog <input type="checkbox"/> Other <input type="checkbox"/> (describe type in "Notes" section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Underwriting Information – All Applicants

Does applicant own premises or conduct operations not described in this application? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any policy been declined, canceled or non-renewed during the prior three years? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any bankruptcies, tax or credit liens against the applicant in the past five years? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted of arson or any other crime in the past five years? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any past, present or discontinued operations involving storing, treating, discharging, applying, disposing or transporting of hazardous materials? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any building located less than one mile from the coast (ocean, gulf or bay)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been fined by any federal, state or local governmental agency or entity related to any past or current business operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligibility Questions – All Wholesaler/Distributors

Does the applicant directly import foreign made products from manufacturers with no legal presence in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any buildings contain any of the following occupancies: electroplating; lounges, bars, taverns; manufacturing; woodworking operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant distribute products other than under the manufacture's brand or trade name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant sell directly to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Do receipts from direct sales to the general public exceed 10% of the total sales at the location? <input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If not eligible for the Wholesaler/Distributor Program, the applicant may be eligible for the Retail Program

Eligibility Questions – Specific Wholesaler/Distributor Classifications

Appliances; Audio, Video, Tapes, Disks and Records; Automobile Parts; Beverages; Cameras and Photographic Supplies; Computers and Accessories; Hardware and Tools; Hobbies, Crafts or Artist's Supplies; Musical Instruments; Office Machines; Plumbing Fixtures; Refrigeration Equipment – Does the applicant have a Central Station or Police Station Connected Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appliances; Automobile Parts; Barber and Beauty Shop Supplies; Carpets; Floor Covering; Gardening and Light Farming Supply; Hardware and Tool; Hobbies, Crafts or Artists Supplies; Janitorial Supplies; Office Machines; Painting, Picture or Frame Store; Sewing Machine or Vacuum Cleaners - Does the applicant rent or lease equipment to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Conditioning Systems or Equipment; Appliances; Automobile Parts; Computers and Accessories; Hobbies, Crafts or Artists Supplies; Furniture; Hardware and Tools; Heating or Combined Heating and Air Conditioning Systems or Equipment; Musical Instruments; Office Machines; Plumbing Fixtures; Printers or Electrotypers Supplies; Refrigeration Equipment; Sewing Machine or Vacuum Cleaners - Does the applicant sell used or reconditioned products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Conditioning Systems or Equipment; Appliances; Automobile Parts; Computers and Accessories; Hardware and Tools; Heating or Combined Heating and Air Conditioning Systems or Equipment; Metal Dealers or Distributors; Plumbing Fixtures; Printers or Electrotypers Supplies; Refrigeration Equipment - Does the applicant overhaul or remanufacture machinery or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Underwriting Information – All Wholesaler/Distributors

Are procedures in place to identify and remove discontinued products from inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there hydrants and adequate water available to fight a fire, is the facility accessible and is the sprinkler system designed for the operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business conducted from an owned condominium unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Underwriting Information – Specific Wholesaler/Distributor Classifications

Air Conditioning Systems or Equipment; Appliances; Gardening and Light Farming Supplies; Hardware and Tools; Plumbing Fixtures and Supplies; Heating or Combined Heating and Air Conditioning Systems or Equipment – Does the applicant service LPG heating systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

NOTES: