

Program Administrator:

Distinguished Programs
1180 Avenue of the Americas, 16th Floor,
New York, NY 10036
www.distinguished.com

Lead Insurer:

ACE Property & Casualty Insurance Company, or
Illinois Union Insurance Company (in the state of Louisiana)

Excess Insurer(s):

To be determined

Locations (to be completed for each Location on Schedule): Attach additional pages if more than two locations OR submit a location schedule on an Excel Spreadsheet (must include all information below).

Location #:

Name of Property Owner / Association (If different than Insured):

Location Address:

City: State: Zip:

Location Exposures		
# of Rental Apt Units:	# of Coop/Condo Units:	# of Hotel Rooms:
# of Pools:	# of Golf Courses:	# of Marina Slips:
Acres of Vacant Land:	Retail Sq. Ft.:	Office Sq. Ft.:
Hotel Revenue: \$	Food & Bev (excl Liquor) Revenue: \$	Liquor Revenue: \$
Manufacturing Sq. Ft.	# of Single Family Homes:	Warehouse Sq. Ft.:

Construction Information

Year Built: # of Stories: % Occupancy:

Date of Major Updates:	Construction Type:	
Electrical: HVAC:	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Modified Fire Resistive
Roof: Elevators:	<input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Non-Combustible
Sprinkler: Fire Alarm:	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Frame
Plumbing:	<input type="checkbox"/> Other:	

Safety Features		
Is the location Fully Sprinklered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hard-wired smoke detectors? YES <input type="checkbox"/> NO <input type="checkbox"/>
Partially Sprinklered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Battery operated smoke detectors? YES <input type="checkbox"/> NO <input type="checkbox"/>
Percent Sprinklered:		Emergency Lighting? YES <input type="checkbox"/> NO <input type="checkbox"/>
Standpipe system?	YES <input type="checkbox"/> NO <input type="checkbox"/>	2 means of egress per floor? YES <input type="checkbox"/> NO <input type="checkbox"/>
Central station fire alarm?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Enclosed fire stairwells? YES <input type="checkbox"/> NO <input type="checkbox"/>
Manual pull alarms on all floors?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Automobile Information:

Please note that when counting the capacity of an auto you should include all occupants including the driver.

Do the automobiles at this location comply with the Automobile Exposure section of this application? YES NO

Type of Automobiles:	Count at this Location:
Private Passenger Vehicles (PPT) - NOT used for guest transport	
Light Truck or Van (0-10,000 lbs) for Utility Use - NOT used for guest transport	
Medium Truck or Van (10,001-20,000 lbs) for Utility Use – NOT used for guest transport	
Heavy Truck or Van (>20,000 lbs) for Utility Use – NOT used for guest transport	
1-8 Passenger Auto used for transport of guests	Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
9-14 Passenger Auto used for transport of guests	Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
15-20 Passenger Auto used for transport of guests	Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
21+ Passenger Auto used for transport of guests	Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
Golfcarts Registered for Road Use	
Any Other Auto(s) – Please Explain	

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# of Pools:	# of Golf Courses:	# of Marina Slips:
Acres of Vacant Land:	Retail Sq. Ft.:	Office Sq. Ft.:
Hotel Revenue: \$	Food & Bev (excl Liquor) Revenue: \$	Liquor Revenue: \$
Manufacturing Sq. Ft.	# of Single Family Homes:	Warehouse Sq. Ft.:
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Roof:	Elevators:	<input type="checkbox"/> Modified Fire Resistive
Sprinkler:	Fire Alarm:	<input type="checkbox"/> Masonry Non-Combustible
Plumbing:		<input type="checkbox"/> Non-Combustible
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21+ Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
Golfcarts Registered for Road Use		
Any Other Auto(s) - <i>Please Explain</i>		

NOTICE TO INSURED: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.
SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

THIS SIGNATURE PAGE ATTACHED TO AND FORMS A PART OF THE APPLICATION DATED.

By Checking this box, I acknowledge that I have reviewed the signed supplemental application on file with Distinguished and there are no changes in exposure for this endorsement request.

By Checking this box, there are changes for this endorsement request and this risk does not comply with the signed supplemental application on file with Distinguished.

Applicant/Named Insured:

_____ Signature of Applicant	_____ Date	_____ Signature of Agent/Broker	_____ Date
_____ Print Name	_____ Title	_____ Print Name	_____ Title

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO NEW YORK APPLICANTS (AUTOMOBILE INSURANCE): ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS (AUTOMOBILE INSURANCE): ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.