

Benchmark MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

APPLICATION FOR OUTBREAK EXTRA EXPENSE COVERAGE

This coverage is premise specific — coverage only applies to operational premises at locations included in this application, accepted by the underwriters, and included in the policy. Please complete all information in detail.

INSURED INFORMATION

1. Name of Applicant: _____
2. Principal business premises address: _____
(Street) (County)

(City) (State) (Zip)

Important:

This application has two sections. Section 1. includes operational questions — please answer all questions. Section 2. includes information identifying premises to be considered for coverage under the Outbreak Extra Expense Form. Complete all areas in full.

Section 1.

Operation Questions

1. Describe the nature of your business activities: _____

2. Has your business ever been closed or quarantined, or has your business ever been closed or given notice by any public health department, or public health official for any biological, infectious disease event, or any other health related hazard? [] Yes [] No
If Yes, explain. _____

3. Is your business regulated by any public health department or official? [] Yes [] No
If Yes, explain. _____

4. Does your business involve itself in any way with any biological materials? [] Yes [] No
If Yes, explain. _____

5. Does your business serve food to the public? [] Yes [] No
If Yes, are more than 50% of receipts from sales of seafood? [] Yes [] No
6. Does your business contemplate habitational, overnight lodging or educational exposures? [] Yes [] No
If Yes, describe. _____

7. Is your business health care related? [] Yes [] No
If Yes, describe. _____

Note: If each “insured premises” has different operations (i.e. restaurant, retail, etc.) complete separate application for only those premises whose operations are different than described above.

Location 3.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you applying for coverage as a:

Lessee?..... [] Yes [] No
Lessor? [] Yes [] No

Is your business the sole occupant at this street address? [] Yes [] No

Does your business occupy any other space at this location? [] Yes [] No

If Yes, describe. _____

Do you own this building? [] Yes [] No

Are you requesting coverage for any location other than Location 1., 2. and 3.? [] Yes [] No
If Yes, you must complete Location 4. information.

Location 3. (required)

Location 3. Annual Revenue:	\$
Location 3. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 4.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you applying for coverage as a:

Lessee?..... [] Yes [] No
Lessor? [] Yes [] No

Is your business the sole occupant at this street address? [] Yes [] No

Does your business occupy any other space at this location? [] Yes [] No

If Yes, describe. _____

Do you own this building? [] Yes [] No

Are you requesting coverage for any location other than Location 1.,2., 3. and 4.? [] Yes [] No
If Yes, you must complete Location 5. information.

Location 4. (required)

Location 4. Annual Revenue:	\$
Location 4. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

