

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706-4814

**Fireworks Property Supplement**

New  Renewal

Named Insured \_\_\_\_\_  
Property Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
 Individual  Partnership  Corporation  Joint Venture  Other (Describe): \_\_\_\_\_  
Policy Period Requested: \_\_\_\_\_ To \_\_\_\_\_  
Inspection (Contact/Phone) \_\_\_\_\_ Accounting Records (Contact/Phone) \_\_\_\_\_  
# of years in Business: \_\_\_\_\_ If new, list prior experience: \_\_\_\_\_

**Schedule of Property**

	Building Construction	# of Stories	Fire Prot.	Occupancy/USE	Building Value	Contents Value	Coins. %	Prior Value
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
Totals:					_____	_____	Deductible	_____

**Loss Payees/ Mortgagees:**

Loc#	Name & Address	Interest
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Warehousing:**

Month	Value	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**General Information:** Explain all "yes" responses

- 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? yes no
- 2. Is a formal safety program in operation? yes no
- 3. Any exposure to flammables, explosives, chemicals? yes no
- 4. Any catastrophe exposure? yes no
- 5. Any other insurance with this company or being submitted? yes no
- 6. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? yes no

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prior Carrier & Loss Information:**

Year	# of Losses	Total Paid Losses	Carrier	Premium	Limit
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____

For each claim in excess of \$10,000 describe. (attach sheet with further details if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Agent

\_\_\_\_\_  
 Date Signed