

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