

# Ice House Vending Supplement

(Acord 125 Required)



## Business Information

Business Name		Entity Type		
Mailing Address		City	State	ZIP Code
Contact Name		Phone		
Email Address				
Effective Date From (mm/dd/yyyy)		Effective Date To (mm/dd/yyyy)		

## 1. Location Details

Location				
Address		City	State	ZIP Code
Year Built	Make/Model	Amount of Coverage for Building		
Mortgagee/Loss Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address				
Inside city limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to fire hydrant?				
Located in coastal area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles from beach?				
If Yes, would you like wind coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## 2. Location Details

Location				
Address		City	State	ZIP Code
Year Built	Make/Model	Amount of Coverage for Building		
Mortgagee/Loss Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address				
Inside city limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to fire hydrant?				
Located in coastal area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles from beach?				
If Yes, would you like wind coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## 3. Location Details

Location			
Address		City	State ZIP Code
Year Built	Make/Model	Amount of Coverage for Building	
Mortgagee/Loss Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address			
Inside city limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to fire hydrant?			
Located in coastal area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles from beach?			
If Yes, would you like wind coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### 4. Location Details

Location			
Address		City	State ZIP Code
Year Built	Make/Model	Amount of Coverage for Building	
Mortgagee/Loss Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address			
Inside city limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to fire hydrant?			
Located in coastal area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles from beach?			
If Yes, would you like wind coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### 5. Location Details

Location			
Address		City	State ZIP Code
Year Built	Make/Model	Amount of Coverage for Building	
Mortgagee/Loss Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address			
Inside city limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to fire hydrant?			
Located in coastal area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles from beach?			
If Yes, would you like wind coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please make copies for additional locations**

#### UNDERWRITING QUESTIONS

1. Any prior coverage  Yes  No Expiration Date:
2. Any prior losses?  Yes  No If prior insurance, please provide 3 to 5 years of loss runs.
3. Were the unit(s) installed by the Manufacturer?  Yes  No If so, which units:
4. Does owner act as manager?  Yes  No
5. Does insured have any employees?  Yes  No If Yes, answer ABC below
  - A- Do employees operate their personal autos in the business?
   
 Regularly  Seldom  None
  - B- How does the insured verify the employees driving status?
   
 Requires Valid Driver's License  Checks MVR
  - C- Does insured verify employee's personal auto insurance?  Yes  No
6. How many years' experience in Ice Vending industry?
7. Other business experience (describe)?
8. Does insured have any other business activities other than ice vending occurring on the premise?
   
 Yes  No If Yes, please describe:
9. Are units secured via remote alarm?  Yes  No If so, which units:
10. Are units monitored by security camera?  Yes  No If so, which units:
11. Are fixed barriers such as bollards in place?  Yes  No If so, which units:
12. Are premises patrolled?  Yes  No If Yes, by whom?
13. Add Hired & Non Owned Auto Liability option (premium applies):  Yes  No

**Insured's Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_

### For Internal Review Only

The reviewing underwriters shall confirm the Public Protection Classification (PPC) assignment for each location submitted. PPC is furnished by the approved insurance rating organization for each state and shall be documented in the underwriting file.