



PROFESSIONAL LIABILITY SUPPLEMENT

DATE

PRODUCER		PHONE (A/C. No. Ext): (904) 647-1400	APPLICANT (First Named Insured)		YEARS IN BUSINESS
Metropolitan Insurance Services 6817 Southpoint parkway Suite 1202 JACKSONVILLE, FL 32216			NATURE OF BUSINESS		
CODE:	SUB CODE:	FULL TIME	# OF EMPLOYEES	PART TIME	ANNUAL SALES/RECEIPTS
AGENCY CUSTOMER ID:					\$

GENERAL INFORMATION

	YES	NO
1. ARE ALL EMPLOYEES LICENSED AS REQUIRED BY LAW?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS APPLICANT A MEMBER OF A LOCAL OR NATIONAL ORGANIZATION? (IF YES, PROVIDE NAME)	<input type="checkbox"/>	<input type="checkbox"/>
3. DO ANY EMPLOYEES WORK FOR OTHERS IN ADDITION TO THE APPLICANT? (IF YES, EXPLAIN UNDER REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>

BARBERS AND BEAUTICIANS INFORMATION

IF ANY OF THE FOLLOWING OPERATIONS ARE PERFORMED, EXPLAIN UNDER REMARKS:

REMOVAL OF HAIR BY DEPILATORY SUBSTANCE	FINGERNAIL APPLICATION	TANNING BOOTHS OR BEDS	HAIR IMPLANTATION
REMOVAL OF HAIR BY ELECTRICAL DEPILATORY	TATTOOS	USE OF DRY FLAMMABLE SHAMPOOS	EAR OR BODY PIERCING
REMOVAL OF HAIR BY ELECTROLYSIS	WART OR MOLE REMOVAL	BEAUTY SCHOOL	FACE LIFTING
CHIROPODY	EYEBROW OR EYELASH DYEING	TRAINING FACILITY	
FACIAL CHEMICAL PEEL	WEIGHT REDUCTION PROGRAMS	MASSAGE THERAPY	

FUNERAL DIRECTORS INFORMATION

	YES	NO
1. IF FUNERAL PREPAYMENT PLANS ARE OFFERED, ARE FUNDS PROPERLY AUDITED, MANAGED AND DISTRIBUTED BY FULL-TIME DIRECTOR?	<input type="checkbox"/>	<input type="checkbox"/>
2. DOES APPLICANT SPECIALIZE IN CREMATION SERVICES?	<input type="checkbox"/>	<input type="checkbox"/>

OPTICAL AND HEARING AID ESTABLISHMENTS

	YES	NO
1. ARE ALL PRESCRIPTIONS CHECKED AGAINST THE ORIGINAL ORDER WHEN THE MERCHANDISE IS DELIVERED?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE RECORDS OF ALL TESTS PERFORMED, PRESCRIPTIONS FILLED AND CUSTOMER'S ACCEPTANCE OF MERCHANDISE KEPT ON COMPUTER OR IN A FIRE-RESISTANT CABINET?	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE HEARING AIDS OR OPTICAL GOODS MANUFACTURED OR DELIVERED ONLY AS A RESULT OF A PRESCRIPTION FROM A PHYSICIAN, AUDIOLOGIST OR OPTOMETRIST?	<input type="checkbox"/>	<input type="checkbox"/>
4. DOES APPLICANT EMPLOY OPTOMETRISTS OR OPTICIANS?	<input type="checkbox"/>	<input type="checkbox"/>
5. DESCRIBE UNDER REMARKS THE TYPE AND SCOPE OF ANY CONTINUING EDUCATION BEING PURSUED BY EMPLOYEES.		

PRINTERS

	YES	NO
1. ARE LOTTERY, GAMING OR RAFFLE TICKETS PRINTED?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE FOOD OR DRUG LABELS PRINTED?	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE TRANSPORTATION, ADMISSION OR SPECIAL EVENT TICKETS PRINTED?	<input type="checkbox"/>	<input type="checkbox"/>
4. ARE MONEY ORDERS, SECURITIES, OR TRAVELERS CHECKS PRINTED?	<input type="checkbox"/>	<input type="checkbox"/>
5. DOES THE APPLICANT HAVE A WRITTEN QUALITY CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE CUSTOMERS REQUIRED TO PROOF-READ BEFORE PRINTING TAKES PLACE?	<input type="checkbox"/>	<input type="checkbox"/>
7. IS THE APPLICANT A CONTRACT PRINTER FOR PUBLISHERS?	<input type="checkbox"/>	<input type="checkbox"/>
8. DOES THE APPLICANT WRITE DOCUMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
9. HOW ARE SOLVENTS AND/OR OTHER POLLUTANTS DISPOSED OF?	<input type="checkbox"/>	<input type="checkbox"/>

VETERINARIANS

	YES	NO
1. ARE ANY SERVICES PROVIDED TO ANIMALS USED OR BRED FOR PROFESSIONAL RACING, SHOW OR DELIVERY SERVICES?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE ANY SERVICES PROVIDED TO ANIMALS BELONGING TO ZOOS, CIRCUSES, CARNIVALS, RODEOS, THEATRICAL OR OTHER SHOW ENTERPRISES?	<input type="checkbox"/>	<input type="checkbox"/>
3. IF ANY OF THE FOLLOWING OPERATIONS ARE PERFORMED, EXPLAIN UNDER REMARKS:		
TRAINING OR OBEDIENCE SCHOOLS	ANIMAL AUCTIONS	BOARDING
BREEDING OF LABORATORY ANIMALS	PRIZE LIVESTOCK	TREATING OF EXOTIC ANIMALS
COMMERCIAL CATTLE OR HOG CONFINEMENT OPERATIONS	GROOMING	
4. # OF OWNERS:	# OF EMPLOYED VETS:	

REMARKS