

August 15, 1989

SUBJECT: INSURANCE

WITHDRAWN

SUPPLEMENT NO. 2 to CIRCULAR LETTER NO. 3 (1986)

TO: MANAGER, COMMERCIAL LINES UNDERWRITING

OF: ALL LICENSED PROPERTY/CASUALTY INSURERS

ALSO: INSURANCE PRODUCER ORGANIZATIONS

RE: AVAILABILITY SURVEY UPDATES

In response to the liability insurance crisis, the Department conducted special surveys to ascertain the existence of markets for different insurance coverages. As a result, markets for many of these risks were identified. Where a meaningful market did not exist for critical coverages, voluntary Market Assistance Programs were successfully developed.

The annexed - availability survey is hereby established, pursuant to Section 308 of the Insurance Law, as a mechanism for the annual appraisal of insurance market conditions and trends. These survey forms should be completed and returned to the Department no later than September 30; 1989 and, until further notice, by September 30th annually thereafter. An insurer failing to file completed surveys by the due date will be subject to statutory penalties. Please acknowledge receipt, and direct your reply and any questions, to:

Bruce L. Ascher, CIE (212-602-0369)

Associate Insurance Examiner.

Property & Casualty Insurance Bureau

New York State Insurance Department

160 West Broadway -- 13th Floor

New York, New York 10013

Your continuing cooperation is essential. Though not required to, individual agents and brokers and producer organizations are encouraged to respond as well.

Very truly yours,

JAMES P CORCORAN

INSTRUCTIONS FOR COMPLETING THE NEW YORK STATE INSURANCE DEPARTMENT AVAILABILITY

## SURVEY

All property/casualty insurers and reinsurers licensed in New York, and accredited reinsurers must complete this survey. For each of the categories of risk, companies should indicate the availability status which best characterizes its underwriting position by marking the appropriate box, using the symbols indicated at the bottom of each page of the survey.

### AVAILABILITY STATUS:

The symbols representing each Availability Status, as shown at the bottom of each page of the survey are intended to reflect a company's position in underwriting each category of risk. For the purposes of this survey.

**ACTIVELY** means that coverage is being offered within the company's regular scope of business or that it has specialty programs developed for the type of insurance listed.

**SELECTIVE** means that coverage would be written, subject to strict underwriting criteria, or that the company is only a limited market for the type of insurance listed.

**ACCOMMODATION** means that coverage would only be provided to an account already insured by the company for some other type of coverage.

If none of the foregoing responses accurately describe the company's position relating to particular types of risks, or if further explanation is needed, please write in the words "SEE ATTACHED" and enclose the applicable details with the completed survey form.

### POLICIES:

Indicate the number of policies written for this category during Calendar Year 1989.

### CONTACT PERSON:

A Contact Person should be indicated for each category of coverage which the company indicates it writes, whether on an active, selective or accommodation basis. The contact person should be familiar with the insurer's underwriting guidelines for the indicated coverage, and should have some decision-making authority in determining the insurability of risks.

### REINSURERS:

Reinsurers should indicate if the categories of coverage would be written on a reinsurance basis. (treaty or facultative).

### EXCESS LINES BROKERS:

Excess Lines Brokers should give positive responses only to the extent that coverage can be placed, with a non admitted carrier.

### PRODUCER ORGANIZATIONS:

Producer organizations should advise members of the survey and inform the Department of admitted markets.

### COMPLETED FORMS:

All completed surveys should be returned by the date requested with a cover letter identifying the company(ies) responding, and indicating the name, title and telephone number of the person to be contacted if questions arise regarding the completeness or accuracy of the submission.

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Recreational Liability				
Carnivals, Fairs and Amusement Parks Required by Article 27 of the New York Labor Law to obtain liability insurance.				
Large Amusement Park	<input type="checkbox"/>	<input type="checkbox"/>		
Small Amusement Park	<input type="checkbox"/>	<input type="checkbox"/>		
Traveling Amusement Shows	<input type="checkbox"/>	<input type="checkbox"/>		
Small Local Fairs	<input type="checkbox"/>	<input type="checkbox"/>		
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>		
State or County Fairs	<input type="checkbox"/>	<input type="checkbox"/>		
TYPE OF RISK	YES	NO	POLICIES	CONTACT

Other Recreational Liability

Ice Skating Rinks and/or Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
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TYPE OF RISK	YES	NO	POLICIES	CONTACT
Ski Area Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Ski Tour Operators	<input type="checkbox"/>	<input type="checkbox"/>		
Horseback Riding Establishment	<input type="checkbox"/>	<input type="checkbox"/>		
Winter Recreational Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Snowmobile Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Snowmobile Clubs- Including Trails	<input type="checkbox"/>	<input type="checkbox"/>		
Snowmobile Clubs- Excluding Trails	<input type="checkbox"/>	<input type="checkbox"/>		
Snowmobile Rentals	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Go Kart Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Bowling Alleys	<input type="checkbox"/>	<input type="checkbox"/>		
Indoor Pool Swim Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
Horseback Riding Establishment	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Private Recreational Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
Summer Camp And Recreational Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Roller Skating Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Special Events	<input type="checkbox"/>	<input type="checkbox"/>		
Health Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
Racquetball Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Private Beaches	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Baseball & Softball Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
Hockey Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
Other Sports Clubs	<input type="checkbox"/>	<input type="checkbox"/>		
Firework Display	<input type="checkbox"/>	<input type="checkbox"/>		
Contact Sport Club	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Gymnasium Schools	<input type="checkbox"/>	<input type="checkbox"/>		
Youth Centers	<input type="checkbox"/>	<input type="checkbox"/>		
Tennis Instructor	<input type="checkbox"/>	<input type="checkbox"/>		
Health Clubs	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Boatowners Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Boat Rentals	<input type="checkbox"/>	<input type="checkbox"/>		
Boat Launch Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Boat Marina Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Pleasure Boating	<input type="checkbox"/>	<input type="checkbox"/>		
Museum Establishments	<input type="checkbox"/>	<input type="checkbox"/>		
Theater Club	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Road Race Club	<input type="checkbox"/>	<input type="checkbox"/>		

Judo and Karate Instruction	<input type="checkbox"/>	<input type="checkbox"/>		
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TYPE OF RISK	YES	NO	POLICIES	CONTACT
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Recreational Guide Services	<input type="checkbox"/>	<input type="checkbox"/>		
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Singles Club	<input type="checkbox"/>	<input type="checkbox"/>		
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Beach Club	<input type="checkbox"/>	<input type="checkbox"/>		
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Police Athletic League	<input type="checkbox"/>	<input type="checkbox"/>		
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Knights of Columbus or Other Fraternal Organization	<input type="checkbox"/>	<input type="checkbox"/>		
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Special Exhibit Floater	<input type="checkbox"/>	<input type="checkbox"/>		
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Vacation Resorts	<input type="checkbox"/>	<input type="checkbox"/>		
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Bungalow Colonies	<input type="checkbox"/>	<input type="checkbox"/>		
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Other Specify	<input type="checkbox"/>	<input type="checkbox"/>		
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TYPE OF RISK	YES	NO	POLICIES	CONTACT
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TYPE OF RISK	YES	NO	POLICIES	CONTACT
LIQUOR LAW LIABILITY- taverns and restaurants for which liquor accountants for more than 75% of total sales, CGL coverage is not requested.	<input type="checkbox"/>	<input type="checkbox"/>		
LIQUOR LAW LIABILITY- taverns and restaurants for which liquor accountants for more than 75% of total sales, CGL coverage is not requested.	<input type="checkbox"/>	<input type="checkbox"/>		
LIQUOR LAW LIABILITY- taverns and restaurants for which liquor accountants for more than 75% of total sales, CGL coverage is not requested.	<input type="checkbox"/>	<input type="checkbox"/>		
LIQUOR LAW LIABILITY- taverns and restaurants for which liquor accountants for more than 75% of total sales, CGL coverage is not requested.	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
<b>PRODUCT LIABILITY</b>				
Medical Product - Sales	<input type="checkbox"/>	<input type="checkbox"/>		
Cosmetic Manufacturers	<input type="checkbox"/>	<input type="checkbox"/>		
Cosmetic Sales	<input type="checkbox"/>	<input type="checkbox"/>		
New Products (Cosmetics) Establishment	<input type="checkbox"/>	<input type="checkbox"/>		
New Products Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/>		
New Products (Food)	<input type="checkbox"/>	<input type="checkbox"/>		
New Products (Other Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Tanning Salons	<input type="checkbox"/>	<input type="checkbox"/>		
Toy Manufacturers	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Refrigeration Systems	<input type="checkbox"/>	<input type="checkbox"/>		
Food Processing	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Pest Control	<input type="checkbox"/>	<input type="checkbox"/>		
Tree Spraying	<input type="checkbox"/>	<input type="checkbox"/>		
New Car Dealers	<input type="checkbox"/>	<input type="checkbox"/>		
Used Car Dealers	<input type="checkbox"/>	<input type="checkbox"/>		
Motorcycle Dealers	<input type="checkbox"/>	<input type="checkbox"/>		
Detergent Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>		
Chemical Packaging Firm	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Gauge Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Fire Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Furrier	<input type="checkbox"/>	<input type="checkbox"/>		
Close Out Sales Vendor	<input type="checkbox"/>	<input type="checkbox"/>		
Pen Maker	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Riding Equipment Sales	<input type="checkbox"/>	<input type="checkbox"/>		
Toilet Renting	<input type="checkbox"/>	<input type="checkbox"/>		
Children' Clothing Distributor	<input type="checkbox"/>	<input type="checkbox"/>		
Platform Lift Rentals	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Clothing Importers	<input type="checkbox"/>	<input type="checkbox"/>		
Golf Cart Leasing	<input type="checkbox"/>	<input type="checkbox"/>		
Auto Parts Manufacturers	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel Oil Distributor	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel Tank Installation and Repair (may include Premises Operations coverage)	<input type="checkbox"/>	<input type="checkbox"/>		
Tanks Other than Fuel- Installation and Repair	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft instruments	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK and Gauges	YES	NO	POLICIES	CONTACT
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
<b>COMPLETED OPERATIONS</b>				
Aircraft Repair Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Auto Body Repair Work	<input type="checkbox"/>	<input type="checkbox"/>		
Boat Hauling	<input type="checkbox"/>	<input type="checkbox"/>		
Boiler and Machinery Repair	<input type="checkbox"/>	<input type="checkbox"/>		
City Contractual Work	<input type="checkbox"/>	<input type="checkbox"/>		
City Contractual Work -- \$ 4 Million Excess of \$ 1 Million	<input type="checkbox"/>	<input type="checkbox"/>		
Duct Work Installation	<input type="checkbox"/>	<input type="checkbox"/>		
Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>		
Removal of other Pollutants (i.e, Dioxin, PCBs)	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Racquetball Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Private Beaches	<input type="checkbox"/>	<input type="checkbox"/>		

Private Beaches

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Pest Control	<input type="checkbox"/>	<input type="checkbox"/>		
Exterminator's Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Crop Dusting	<input type="checkbox"/>	<input type="checkbox"/>		
Tree Spraying	<input type="checkbox"/>	<input type="checkbox"/>		
Tanning Salons	<input type="checkbox"/>	<input type="checkbox"/>		
Bridge Painting	<input type="checkbox"/>	<input type="checkbox"/>		
Masonry Work	<input type="checkbox"/>	<input type="checkbox"/>		
Construction	<input type="checkbox"/>	<input type="checkbox"/>		
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigeration Systems	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Roofing Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
Cardboard Manufacturers	<input type="checkbox"/>	<input type="checkbox"/>		
Dock Repair	<input type="checkbox"/>	<input type="checkbox"/>		
Knife Manufacturing & Sales	<input type="checkbox"/>	<input type="checkbox"/>		
Underground Tank Inspection	<input type="checkbox"/>	<input type="checkbox"/>		
Waste Disposal-Hazardous	<input type="checkbox"/>	<input type="checkbox"/>		
Waste Disposal-Non-Hazardous	<input type="checkbox"/>	<input type="checkbox"/>		
Other Specify	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
<b>PREMISES/OPERATIONS LIABILITY</b>				
Churches	<input type="checkbox"/>	<input type="checkbox"/>		
Synagogues	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>		
Retail Stores	<input type="checkbox"/>	<input type="checkbox"/>		
Grocery Stores	<input type="checkbox"/>	<input type="checkbox"/>		
Bodegas	<input type="checkbox"/>	<input type="checkbox"/>		
Office Buildings	<input type="checkbox"/>	<input type="checkbox"/>		
Apartment Buildings	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Other Commercial Real State	<input type="checkbox"/>	<input type="checkbox"/>		
Rooming Houses	<input type="checkbox"/>	<input type="checkbox"/>		
Hotels	<input type="checkbox"/>	<input type="checkbox"/>		
Hotels -- Seasonal	<input type="checkbox"/>	<input type="checkbox"/>		
Motels	<input type="checkbox"/>	<input type="checkbox"/>		
Motels -- Seasonal	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Farms and Ranches	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Elective Surgery Office	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK,	YES	NO	POLICIES	CONTACT
Vacant Commercial Real Estate	<input type="checkbox"/>	<input type="checkbox"/>		
Vacant Dwellings	<input type="checkbox"/>	<input type="checkbox"/>		
Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL "YES" RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES. SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
MUNICIPAL LIABILITY				
General Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Excess Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Indian Reservations	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL "YES" RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES, SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK,	YES	NO	POLICIES	CONTACT
SMALL CONTRACTORS AND OTHER SMALL BUSINESSES				
Cleaning Services	<input type="checkbox"/>	<input type="checkbox"/>		
Cleaning Services	<input type="checkbox"/>	<input type="checkbox"/>		
Floor Waxing Exposure				
Electrical Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
Elevator and Boiler Repair	<input type="checkbox"/>	<input type="checkbox"/>		\$
Home Improvement Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
General Contractors -- "Paper Contracts"	<input type="checkbox"/>	<input type="checkbox"/>		
Home Inspection Companies	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES, SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Women, Minority and Small Business Contract Bonds	<input type="checkbox"/>	<input type="checkbox"/>		
Health Club Surety Bonds	<input type="checkbox"/>	<input type="checkbox"/>		
Bonds for Contractors for the City of New York	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Bonds for other Municipal Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL "YES" RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES, SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK,	YES	NO	POLICIES	CONTACT
<b>CHILD CARE LIABILITY</b>				
Day Care Endorsement to Homeowners Policy	<input type="checkbox"/>	<input type="checkbox"/>		
Family Day Care in home (up to 6 children)	<input type="checkbox"/>	<input type="checkbox"/>		
Group Family Day Care in home (7 - 12 children)	<input type="checkbox"/>	<input type="checkbox"/>		
Day Care Center self-standing	<input type="checkbox"/>	<input type="checkbox"/>		
Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>		
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>		
Care for the Mentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>		
Adult Day Care	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES, SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
<b>POLLUTION LIABILITY</b>				
Underground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>		
Above Ground Storage Tanks	<input type="checkbox"/>	<input type="checkbox"/>		
Clean-Up Costs	<input type="checkbox"/>	<input type="checkbox"/>		
Asbestos Removal Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
Hazardous Waste Haulers	<input type="checkbox"/>	<input type="checkbox"/>		
Hazardous Waste Removal	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Waste Removal Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
Environmental Protector Policy	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK	YES	NO	POLICIES	CONTACT
<b>PROFESSIONAL LIABILITY - ERRORS AND OMISSIONS</b>				
Directors and Officers Liability				
(Profit)	<input type="checkbox"/>	<input type="checkbox"/>		
(Non-Profit)	<input type="checkbox"/>	<input type="checkbox"/>		
Lawyers	<input type="checkbox"/>	<input type="checkbox"/>		
Professional Liability				
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>		
Professional Liability				
Security Firms	<input type="checkbox"/>	<input type="checkbox"/>		
(i.e. Pinkerton Guard)				
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>		
Professional Liability				
Architects and Engineers	<input type="checkbox"/>	<input type="checkbox"/>		
Professional Liability				
Publishers	<input type="checkbox"/>	<input type="checkbox"/>		
Professional Liability				
Accountants and Auditors	<input type="checkbox"/>	<input type="checkbox"/>		
Errors and Omissions				
Public Official	<input type="checkbox"/>	<input type="checkbox"/>		
Errors and Omissions				

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Errors and Omissions				
Nursing Homes Medical Malpractice	<input type="checkbox"/>	<input type="checkbox"/>		
Private Nursing Service Medical Malpractice	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Students Medical Malpractice	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Profit Organizations	<input type="checkbox"/>	<input type="checkbox"/>		
School Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Employment Agencies	<input type="checkbox"/>	<input type="checkbox"/>		
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Advertising Agents Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		
Travel Agents Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[+] YES SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Actuaries Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		
Consultants Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Counselors Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance Producers Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance Company Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		
Ambulance Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>		
.Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>		
.Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>		
.Chiropodist/Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>		

## INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK	YES	NO	POLICIES	CONTACT
.Dietician/Nutritione	<input type="checkbox"/>	<input type="checkbox"/>		
.Laboratory Technician	<input type="checkbox"/>	<input type="checkbox"/>		
.Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>		
.Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
.Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>		
.Nurse Midwife	<input type="checkbox"/>	<input type="checkbox"/>		
.Nurse Anesthetist	<input type="checkbox"/>	<input type="checkbox"/>		
.Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>		
.Optician	<input type="checkbox"/>	<input type="checkbox"/>		
.Optometrist	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK	YES	NO	POLICIES	CONTACT
.Orthotist/Prosthetist	<input type="checkbox"/>	<input type="checkbox"/>		
.Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>		
.Physical Therapist	<input type="checkbox"/>	<input type="checkbox"/>		
.Physician's Assistant	<input type="checkbox"/>	<input type="checkbox"/>		
.Psychologist	<input type="checkbox"/>	<input type="checkbox"/>		
.Rehabilitation Professionals	<input type="checkbox"/>	<input type="checkbox"/>		
.Respiratory Therapist	<input type="checkbox"/>	<input type="checkbox"/>		
.Weight Loss Centers	<input type="checkbox"/>	<input type="checkbox"/>		
.Hospice	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
.Visiting Nurse Association	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK	YES	NO	POLICIES	CONTACT
.Home Health Care Agency	<input type="checkbox"/>	<input type="checkbox"/>		
.Community Health Care Centers	<input type="checkbox"/>	<input type="checkbox"/>		
.Physical & Occupational Rehabilitation Centers	<input type="checkbox"/>	<input type="checkbox"/>		
.Cardiac Rehabilitation Centers	<input type="checkbox"/>	<input type="checkbox"/>		
.Emergency Centers	<input type="checkbox"/>	<input type="checkbox"/>		
.Surgery Centers	<input type="checkbox"/>	<input type="checkbox"/>		
.Blood Banks	<input type="checkbox"/>	<input type="checkbox"/>		
.Organ or Blood Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
.Medical Dental or X-Ray Labs	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

NOTE: FOR ALL 'YES' RESPONSES INSERT THE FOLLOWING:

[X] YES, ACTIVELY PROVIDE A MARKET

[\*] YES SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMODATION

TYPE OF RISK,	YES	NO	POLICIES	CONTACT
<b>GOVERNMENT FUNDED VOLUNTEER PROGRAMS</b>				
Business Counseling Programs- Non-Profit Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Counselors Liability - Non-profit Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Counselors Liability - Additional Insureds	<input type="checkbox"/>	<input type="checkbox"/>		
Excess Owned/Non-Owned Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Automobile Transportation Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Payments Liability Recreational Facilities	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

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[\*] YES SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>		
Hospital Workers - Additional Insureds	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

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[\*] YES, SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMMODATION

TYPE OF RISK	YES	NO	POLICIES	CONTACT
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MISCELLANEOUS LIABILITY RISKS

Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>		
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Excess Liability	<input type="checkbox"/>	<input type="checkbox"/>		
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Small Storage Warehouses Containing Chemicals and/or Pollutants	<input type="checkbox"/>	<input type="checkbox"/>		
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Owners' Protective Liability	<input type="checkbox"/>	<input type="checkbox"/>		
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Block Associations	<input type="checkbox"/>	<input type="checkbox"/>		
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Condominium Associations	<input type="checkbox"/>	<input type="checkbox"/>		
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Cooperative Apartment Associations	<input type="checkbox"/>	<input type="checkbox"/>		
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Community Centers	<input type="checkbox"/>	<input type="checkbox"/>		
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Senior Citizen Centers	<input type="checkbox"/>	<input type="checkbox"/>		
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INSURER NAME

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[\*] YES, SELECTIVELY

TYPE OF RISK	YES	NO	POLICIES	CONTACT
Private Schools (including Athletic Participation)	<input type="checkbox"/>	<input type="checkbox"/>		
Car Rental Agencies	<input type="checkbox"/>	<input type="checkbox"/>		
Motor Truck Cargo	<input type="checkbox"/>	<input type="checkbox"/>		
Garagekeepers Liability	<input type="checkbox"/>	<input type="checkbox"/>		
.Garagekeepers Liability - Classic Autos	<input type="checkbox"/>	<input type="checkbox"/>		
Rental Vehicles - Private Passenger Auto - Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>		
Home Health Care - incl. Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		
Home Health Care - excl. Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

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[\*] YES, SELECTIVELY

[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMMODATION

TYPE OF RISK	YES	NO	POLICIES	CONTACT
.Hansom Cabs (Horse and Carriage)	<input type="checkbox"/>	<input type="checkbox"/>		
.Volunteer Fire Departments & Other Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>		
Other -- Specify	<input type="checkbox"/>	<input type="checkbox"/>		

INSURER NAME

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[+] YES, BUT WILL UNDERWRITE ONLY AS AN ACCOMMODATION