

# ACORD™ PROFESSIONAL LIABILITY SUPPLEMENT

DATE

<b>PRODUCER</b> <b>PHONE (A/C, No, Ext):</b> <b>954-389-5897</b>		<b>APPLICANT (First Named Insured)</b>		<b>YEARS IN BUSINESS</b>
<b>TMK RISK MANAGEMENT INC</b> <b>DBA KALLMAN INSURANCE</b> <b>PO BOX 266736</b> <b>WESTON , FL 33326</b>		<b>NATURE OF BUSINESS</b>		
<b>CODE:</b>	<b>SUB CODE:</b>	<b>FULL TIME</b>	<b># OF EMPLOYEES PART TIME</b>	<b>ANNUAL SALES/RECEIPTS</b> \$
<b>AGENCY CUSTOMER ID:</b>				

**GENERAL INFORMATION**

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

**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?		
2. DOES APPLICANT SPECIALIZE IN CREMATION SERVICES?		

**OPTICAL AND HEARING AID ESTABLISHMENTS**

	YES	NO
1. ARE ALL PRESCRIPTIONS CHECKED AGAINST THE ORIGINAL ORDER WHEN THE MERCHANDISE IS DELIVERED?		
2. ARE RECORDS OF ALL TESTS PERFORMED, PRESCRIPTIONS FILLED AND CUSTOMER'S ACCEPTANCE OF MERCHANDISE KEPT ON COMPUTER OR IN A FIRE-RESISTANT CABINET?		
3. ARE HEARING AIDS OR OPTICAL GOODS MANUFACTURED OR DELIVERED ONLY AS A RESULT OF A PRESCRIPTION FROM A PHYSICIAN, AUDIOLOGIST OR OPTOMETRIST?		
4. DOES APPLICANT EMPLOY OPTOMETRISTS OR OPTICIANS?		
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?		
2. ARE FOOD OR DRUG LABELS PRINTED?		
3. ARE TRANSPORTATION, ADMISSION OR SPECIAL EVENT TICKETS PRINTED?		
4. ARE MONEY ORDERS, SECURITIES, OR TRAVELERS CHECKS PRINTED?		
5. DOES THE APPLICANT HAVE A WRITTEN QUALITY CONTROL PROGRAM?		
6. ARE CUSTOMERS REQUIRED TO PROOF-READ BEFORE PRINTING TAKES PLACE?		
7. IS THE APPLICANT A CONTRACT PRINTER FOR PUBLISHERS?		
8. DOES THE APPLICANT WRITE DOCUMENTS?		
9. HOW ARE SOLVENTS AND/OR OTHER POLLUTANTS DISPOSED OF?		

**VETERINARIANS**

	YES	NO
1. ARE ANY SERVICES PROVIDED TO ANIMALS USED OR BRED FOR PROFESSIONAL RACING, SHOW OR DELIVERY SERVICES?		
2. ARE ANY SERVICES PROVIDED TO ANIMALS BELONGING TO ZOOS, CIRCUSES, CARNIVALS, RODEOS, THEATRICAL OR OTHER SHOW ENTERPRISES?		
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**