

# **BUSINESS OWNERS APPLICATION**

DATE (MM/DD/YYYY)

	DUONE															
AGENCY	PHONE (A/C, No, Ext):	co	OMPAN	ſ							-	NAIC CO				
	FAX (A/C, No):						POLICY									
		cc	OMPAN	Y POL		OR PROGRAM	NAME		PROGRA	AM						
								ŀ	TOTAL							
								PREMIUM: \$								
			NEW EFFECTIVE DATE EXPIRATION DATE DIRECT BIL								. PA	YMENT	PLAN			
E-MAIL ADDRESS:			RNW	/L						AGENCY BIL	L					
CODE:	SUB CODE:		QU0	TE		ISSUE	POLICY	POLICY T	YPE			_	D	EPOSIT		
AGENCY CUST	OMER ID		BOU	ND (D	DATE)	):		STD		SPEC			\$			
APPLICAN	T INFORMATION															
NAME (First Na	med Insured)				IN	DIVIDUAL	L	LC	GI	CODE	SIC		FEIN OR	SOC SEC #	#	
					PA	RTNERSHIP	J	DINT VENTUR	E							
MAILING ADDR	ESS (INCLUDING ZIP+4)					ORPORATION	o	THER								
				CC	ONTA	CT FOR INSPE	CTION		PH (A	IONE /C, No, Ext):						
									<u> </u>							
				CF	REDIT	BUREAU NA	ΛE					1	ID NUMBER			_
INTERNET ADD	RESS:			1												
	F BUSINESS			_												_
OFFICE		PARTMENT	TS			RESTAU	RANT						DATE BUSII STARTED	VESS		-
SERVICE		ONDOMINI			F	CONTRA		L	]				STARTED			
	DF OPERATIONS	011201111				001111	01011									-
RETAIL STORE	S: % INSTALLATION, SERVICE OR REP	AIR WORK	ĸ													
GENERAL	INFORMATION															_
	IN ALL "YES" RESPONSES			YES	NO	PLEASE EXI	PLAIN A	LL "YES" RES	PONSE	s				Y	ΈS	NC
1. DO/HAVE P	AST, PRESENT OR DISCONTINUED OPERATIONS INVO	DLVE(D)						R OPERATE A			SS?				7	Г
	REATING, DISCHARGING, APPLYING, DISPOSING, OR TING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, t	fuel tanks.	etc)													
			,													
															_	_
0 ADE AT!!! ET				-		9. ANY OTH	IER INSI	JRANCE WITH	HIHIS (	JOMPANY? (I	LIST PO	LICY NU	JMBERS)	L		L
2. AKE ATHLET	IC TEAMS SPONSORED?			IП	$ \Box $											
								(FD 1)							_	_
	ONTRACTORS ALLOWED TO WORK WITHOUT PROVID					10. ARE YOU OR REF	I INVOL\ PACKAG	/ED IN MANU ING OF PROE	FACTUF	RING, MIXING	6, RELAE	BELING		IL IL		L
CERTIFICA	TE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICAT	res?														
																-
						11. DO YOU	RENT O	R LOAN EQUI	PMENT	TO OTHERS	?					Ľ
	HE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLIC															
BRIBERY, A	RSON OR ANY OTHER ARSON-RELATED CRIME IN CO															
(In RI, failure	OR ANY OTHER PROPERTY? e to disclose the existence of an arson conviction is a misde	emeanor						T HAD A FOF R LIEN DURIN					IKRUPTCY,			[
	by a sentence of up to one year of imprisonment).										-/ • =/110					-
						13. ANY FX	POSUR	E TO FLAMM	ABLES	EXPLOSIVES	OR CH	EMICAL	S?	r		Г
									,	00//20				L		L
5. ANY POLICY	OR COVERAGE DECLINED, CANCELLED OR NON-RENE	WED		$\square$		-										
DURING TH	E PRIOR 3 YEARS? (NOT APPLICABLE IN MO)			ľ		14. ANY CA	TASTR	OPHE EXPOS	URF?					r		Г
														ļĽ		L
	SE EMPLOYEES TO OR FROM OTHER EMPLOYERS?						TIOSS	ES OR CLAIM	S REI A				,			Г
0. DO 100 LEA				ГШ				ALLEGATION						L		L
-				-		40	055-	TED	DE	1710115-					_	_
7. ANY WORK	ERS COMPENSATION CARRIED?			IП	$ \Box $	16. ANY UNC	URREC	TED FIRE CO	DF AIO	LATIONS?				L		L
DESCRIBE ANY	LOCATION / BUSINESS INTEREST OWNED / OPERATED	BY INSUR			LIST	ED										
			201													

PRIOR POLICY(IES)/LOSS HISTORY	See attached loss summary				
PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE		TOTAL LOSSES
				LAST YRS	
					\$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSUREI	ם (Date, cause, amt paid, claim status)				
POLICY LEVEL COVERAGES					

LIABILITY (Choose the limit options compatible with the program you are requesting)

COVE	RAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SINGLE LIMIT		\$		HIRED AUTO	\$	
BODILY INJURY & PROP	OCCURRENCE	\$		NON-OWNED AUTO	\$	
DAMAGE	AGGREGATE	\$		EMPLOYEE BENEFITS	\$	
MEDICAL EXPEN	SE (PER PERSON)	\$			\$	
DAMAGE TO REN	TAL PREMISES	\$			\$	
PROFESSIONAL I	LIABILITY	\$			\$	
LIQUOR LIABILITY	(				\$	
	GEN. AGGREGATE	\$			\$	
	PER PERSON	\$			\$	
OTHER:		\$			\$	

#### ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS			COMPUTERS	\$	\$	
	\$	\$		ORD OR LAW	\$	\$	
LOSS OF	ACTUAL LOSS SUSTAINED NO. OF MONTHS			ERISA	\$	\$	
INC	\$	\$		FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB STK	\$	\$		TRANSIT	\$	\$	
BRG/ROB MNY	\$	\$			\$	\$	
MONEY & SEC - INSIDE	\$	\$			\$	\$	
MONEY & SEC OUTSIDE	\$	\$			\$	\$	
SPOILAGE	\$	\$			\$	\$	

#### SPECIALTY PROGRAMS

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION

CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION

PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS
ADDITIONAL INTEREST
ACORD 45 ATTACHED

INTE	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER
	ADDITIONAL	INSURED				PREMISES:	BUILDING:
	LOSS PAYEE	E				VEHICLE:	BOAT:
	MORTGAGE	E				SCHEDULED ITEM NUM	BER:
	LIENHOLDE	र				OTHER	
			ITEM DESCRIPTION:				

# NOTICE OF INSURANCE INFORMATION PRACTICES

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

PREMISE	S I	PREM #:		BLDG #	ŧ:			<b>RATE</b>		YES			NO		A	CORD 139	ΑΤΤΑ	CHED									
ADDRESS (Street, City, Street,	State)						CHECK MARY	( IF PRI- PREMISE	s INT		ST	F	PERCENTAGE OCCUPIED SURROUNDING EXPOSURES & OTHER OCCUP					PAN	CIES								
										ov	VNER				FR	ONT					RIGHT						
										TE	NANT	s	QUARE		RE	AR					LEFT						
									YE	AR B	UILT		occu	PIED													
															_	IY AREA L	EASED	?		YES		NC	NO				
									C	PROT	S	RA TE	RR	DI HYDR/	STAN ANT	FIRE ST	AT	RE DI	ISTRIC	T/CODE		3ER	INSI	DE CIT	Y LIMITS?		
COUNTY:					ZIP	:									F	г	МІ							YES	NO		
DESCRIPTION	N OF OPE	RATIONS	AT TH	S PREMI	SES						BU	JILC	DING DE	SCRIPTI	ON												
# OF EMPLOY	YEES			PERATIO	ON											INUAL SA	LES/RE	CEIP	TS	1	TOTAL	PAYF	OLL				
			T TIME:				-	LOSING T							\$					5	\$						
CLASS CODE	E R	ATE #		RATE G	ROUP	DESCRIPT		F ALL OC	CUPAN	CIES	AT TH	HIS	PREMIS	ES													
PROPER																											
LIMIT BLDG			9	% COINS	VALU-	RC		ACV	INFL	- F					DED	_	C	ONST	RUCTI	ON TYP	ΡE		тот	SQ FT	AREA		
\$					ATION:	FVRC				\$					DED	#	0/						-				
PERS			9	% COINS	VALU-	RC		ACV	(N/A	s					DED	STORIE	S SPR	NK	BASEI	MENT F	PRESE	IL5		YES	NO		
PROP \$		WIRING	ROO		ATION: LUMBING	FVRC		OF TYPE							DED					INISHE		<u> </u>		YES	NO		
BUILDING		YEAR	YE		YEAR	YEAR				GR	ADE	"- г	INSPEC			COMM	TAX C	ODE		1 I	ŀ		SEMI-R	ESIST	VE		
								1					YES			SPEC				RESIS							
	VERAG		COV	ERAG		(Choos	e the		ED	IS C	omp	ati			<u> </u>	ogram y	ou a	re re			)			DED			
LIQUOR LIAB									ED					VERAG	<b>C</b>							-		DEL			
		AGGREGAT	re \$														\$					-					
		PERSON	\$								_						\$					-					
OTHER:		Encon	\$														\$										
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\$										-						\$ \$					-						
			\$														<u>ծ</u> Տ										
CLASSIFICAT			ą										C	LASS		P	REMIUN				(S) a	ross s	ales - p	er \$1.0	00/sales		
CLASSIFICAT														ODE		EXP	OSURE			CODE	- (P) p	ayroll	- per \$1 per 1,00	,000/pa			
																					(C) to	otal co	st - per	\$1,000			
																							ions - p er unit		0/adm other		
ADDITION	NAL CO	OVERA	GES -	- PRE	MISES	COVERA	GE C	ONLY -	Total	An	noun	nt c	of Cov	erage	De	sired					1						
COVERAGE	т	OTAL AMO	DUNT		DED			END #s			c	OVE	RAGE	т	OTAL		.		DED				END	) #s			
EXTRA EXP		TUAL LOSS									SF	POIL	AGE	\$				\$									
	\$			- \$							cc	OMP	UTERS	\$				\$									
LOSS OF		TUAL LOSS									OF	RD C	OR LAW	\$				\$									
INC	\$			- \$							FL	.00	D	\$				\$									
VAL PAPERS	\$			\$							EA	RT	HQUAKE	\$				\$									
ACCNTS REC	\$			\$							В	& M	BASIC	\$				\$									
SIGN	\$			\$									BROAD	\$				\$									
EMPL DISHON BRG/ROB	\$			\$									AGE	\$				\$									
STK	\$			\$							TR	RAN	SIT	\$				\$									
BRG/ROB MNY	\$			\$										\$				\$									
MONEY & SEC - INSIDE MONEY & SEC OUTSIDE	\$			\$										\$				\$									
	\$			\$										\$	_			\$	ANTS								
GLASS LC	OCATION	IN BUILD	ING		# PLAT	ES AR	EA SQ	FT	LENG	TH LI	NEAR	FT	GLA	SS TYPE		INTERIO	R		XT		VAL	JE			DED		
		LOOR GL													-				_	\$				\$			
																				\$				\$			
PREMISE	S GEN	IERAL I	NFOF	RMATI	ON																						
1 0050 405				00.000			VEO		Y	'ES I															YES NO		
1. DOES APP INDICATE I					CESSING	DUILER? (IF	res,									SPECTED				ELL MA	INTAIN	ED?					
2. CURRENT	CARRIE	R FOR BOI	LER & M	MACHINE	RY COVE	RAGE:					_5	5. 18				G POOL C						Г		FE			
3. ANY SPEC						UIPMENT O	R					$\neg$	YES	-		NCED	$\left  - \right $	DIVIN		1 11	ABOVE GROUN IN -		Ğ	FE UARD			
OTHER, VA							le r						NO		AC	AITED CESS		SLID			GROUN	ID					
REMARK	S (Atta	ich add	itiona	a snee	ets if mo	ore space	s is re	equired	1)																		

### APARTMENTS AND CONDOMINIUMS

					YES	NO								YES	NO	
1. IS THERE A PLAYGROUND ON PREMISES?				5. SMOKE DETECTORS:		NONE		BATTERY		WIRED						
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)							6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.									
3. # OF FIRE # UNITS PER # UNITS DIVISIONS: FIRE DIVISION: OWNER OCCUPIED:							7.IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?									
4. INDICATE WHERE COVERAGE APPLIES TO: BARE WALLS FINISHED						LS	8.IS A PROPERTY MANAGER EMPLOYED?									

## CRIME

AL	ARM TYPE	ALA	ARM DESCRIPTION		EXTENT OF	NT OF PROTECTION SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME					JFACTURER'S NAME	LAE	BEL	
	HOLD-UP		LOCAL GONG	GRADE	SAFE/VAULT		PREMISES							UL
	PREMISES		CNTRL STAT W/ KEYS		PARTIAL		1 2 3							SMNA
	SAFE/VAULT		CNTRL STAT W/O KEYS		COMPLETE								CLA	ASS
			POLICE CONNECT	CERT #:	EXP DATE:									
	MAXIMUM CAS		MAXIMUM CASI WITH MESSENGI		ONEY ON ES OVERNIGHT		FREQUENC OF DEPOSI			DBOLT		SAFE DOOR CONSTRUCTION		
\$			\$	\$						YES	NO			
ОТ	HER PROTECTIO	N (Li	ghting, fences, watchpers	sons, etc)										

REMARKS (Attach additional sheets if more space is required)

## ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)