



AGENCY CUSTOMER ID: _____

BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

AGENCY NAME				CARRIER				NAIC CODE
POLICY NUMBER			EFFECTIVE DATE	FIRST NAMED INSURED				
POLICY TYPE	STANDARD	SPECIAL						

PREMIUM

	PREMIUM		PREMIUM
BUILDING	\$	SCHEDULE CREDITS	\$
PERSONAL PROPERTY	\$	DEDUCTIBLE CREDITS	\$
LIABILITY	\$	TAXES SURCHARGE	\$
OPTIONAL COVERAGES	\$		\$
	\$		\$
MINIMUM PREMIUM	\$	TOTAL ESTIMATED PREMIUM	\$

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)								Y / N
2. ARE ATHLETIC TEAMS SPONSORED?								
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP	
			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18				<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18	
EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:				
3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)								
4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?								
LEASE TO		WORKERS COMPENSATION COVERAGE CARRIED (Y/N)		LEASE FROM		WORKERS COMPENSATION COVERAGE CARRIED (Y/N)		
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?								
STREET, CITY, STATE, ZIP		TYPE OF BUSINESS OR LOC		BUILDING INTEREST		OPERATIONS		
		<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE				
		<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE		<input type="checkbox"/> RENT				
		<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE				
		<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE		<input type="checkbox"/> RENT				
6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?								
7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?								
8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?								
EQUIPMENT				TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT				
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT				
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?								
START TIME:		END TIME:		24 HOUR OPERATIONS				

REMARKS

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LIABILITY COVERAGES - POLICY LEVEL

COVERAGE	TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
BODILY INJURY OCCURRENCE	\$	\$				\$
& PROPERTY DAMAGE AGGREGATE	\$					
MEDICAL EXPENSE(per person)	\$	\$				\$
PERSONAL & ADVERTISING INJURY	\$	\$				\$
PRODUCTS & COMPLETED OPERATIONS	\$	\$				\$
PROFESSIONAL LIABILITY	\$	\$				\$
EMPLOYMENT PRACTICES LIABILITY (EPLI)						
DIRECTORS & OFFICERS	\$	\$				\$
TENANTS LEGAL LIABILITY	\$	\$				\$
AUTO - HIRED PHYSICAL DAMAGE	\$	\$				\$
AUTO - HIRED LIABILITY	\$	\$				\$
BODILY INJURY						
PROPERTY DAMAGE						
AUTO - NON-OWNED	\$	\$				\$
EMPLOYEE BENEFITS LIABILITY	\$	\$				\$
	RETROACTIVE DATE:					
EXTENDED EMPLOYEE DISHONESTY	\$	\$				\$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE	\$	\$				\$
GARAGE	\$	\$				\$
COLLISION						
COMPREHENSIVE / OTC						
GARAGE KEEPERS	\$	\$				\$
LOC #:						
LOC #:						
LOC #:						
<input type="checkbox"/> LEGAL <input type="checkbox"/> DIRECT	\$	\$				\$
LIQUOR LIABILITY	\$	\$				\$
GENERAL AGGREGATE						
PER PERSON						
OTHER:	\$					
MEDICAL PAYMENTS	\$	\$				\$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS	\$	\$				\$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

Coverages Schedule Attached

COVERAGE		LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
CODE	DESCRIPTION									
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

PREMISES BLANKET RATE (Y/N):

BUILDING DESCRIPTION		DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES <input type="checkbox"/> CHECK IF PRIMARY PREMISES		
SURROUNDING EXPOSURES & OTHER OCCUPANCIES				
RIGHT EXPOSURE		LEFT EXPOSURE		FRONT EXPOSURE
REAR EXPOSURE		DISTANCE:		DISTANCE:
ANNUAL SALES / RECEIPTS		TOTAL PAYROLL		CLASS CODE
\$		\$		RATE #
DISTANCE TO HYDRANT		FIRE DISTRICT		RATE GROUP
FIRE STAT		FIRE DISTRICT CODE NUMBER		PROT CLASS
FT		MI		RATE TERRITORY

PROPERTY

BLDG	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE TYPE:		\$	DED
	\$						DEDUCTIBLE TYPE:		\$	DED
PROP PERS	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE TYPE:		\$	DED
	\$						DEDUCTIBLE TYPE:		\$	DED
YEAR BUILT	CONSTRUCTION TYPE			# STORIES	% SPRNK	BASEMENT PRESENT? (Y/N):		WIND CLASS	SEMI-RESISTIVE	
						IS IT FINISHED? (Y/N):		RESISTIVE		
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR		TAX CODE
								COMMUNITY	SPECIFIC PROPERTY	

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			\$	\$				\$
ANIMAL COVERAGE			\$	\$				\$
BAILEES LIABILITY			\$	\$				\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			\$	\$				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			\$	\$				\$
BUSINESS INCOME			ACTUAL LOSS SUSTAINED NO. OF MONTHS BUSINESS INCOME CHANGES - TIME PERIOD \$	\$				\$
BUSINESS INCREASE FROM DEPENDENT PROPERTIES			\$	\$				\$
BUSINESS INCOME WITH EXTRA EXPENSE			\$	\$				\$
COMBINED DEMOLITION COST AND INCREASED CONST COST			\$	\$				\$
DEBRIS REMOVAL			\$	\$				\$
CONDO UNIT								
OWNER'S LOSS ASSESSMENT			\$	\$				\$
OWNER'S MISCELLANEOUS REAL PROPERTY			\$	\$				\$
CRIME								
EMPLOYEE DISHONESTY			\$	\$				\$
FORGERY OR ALTERATION			\$	\$				\$
MONEY & SECURITIES - INSIDE			\$	\$				\$
MONEY & SECURITIES - OUTSIDE			\$	\$				\$
WELFARE & PENSION PLAN (ERISA)			\$	\$				\$
EARTHQUAKE			TERR:	\$				\$
			RETROFIT TYPE:					\$
			MASONRY VENEER: %	%				\$
EDP / COMPUTER								
EQUIPMENT			\$	\$				\$
EXTRA EXPENSE			\$	\$				\$
DATA / MEDIA			\$	\$				\$
EQUIPMENT BREAKDOWN								
BASIC			\$	\$				\$
BROAD			\$	\$				\$
SPOILAGE			\$	\$				\$

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE		Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?		
DATE OF LAST INSPECTION	CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N
1. IS THERE A PLAYGROUND ON PREMISES?		
2. IS ALUMINUM WIRE USED?		
INSTALLATION DATE	DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)		
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)		
COVERAGE APPLIES TO		SMOKE DETECTORS:
<input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS		<input type="checkbox"/> NONE <input type="checkbox"/> BATTERY <input type="checkbox"/> WIRED
# OF FIRE DIVISIONS	# UNITS PER FIRE DIVISION	# UNITS OWNER OCCUPIED

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
			SAFE / VAULT	PREMISES ALARM		
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> COMPLETE			<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS					CLASS
	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:			
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/>		
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.