



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

BUILDING	PREMIUM \$	SCHEDULE CREDITS	PREMIUM \$
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 <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 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		
		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 <input type="checkbox"/>				
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)		
			SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/>					
			SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/>					
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?								
START TIME:		END TIME:		24 HOUR OPERATIONS <input type="checkbox"/>				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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LIABILITY COVERAGES - POLICY LEVEL

COVERAGE		TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM		
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE	\$	\$				\$		
	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		\$	\$				\$		
EXTENDED EMPLOYEE DISHONESTY		\$	\$				\$		
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE		\$	\$				\$		
LIQUOR LIABILITY		\$	\$				\$		
GENERAL AGGREGATE									
PER PERSON									
OTHER:		\$							
MEDICAL PAYMENTS		\$	\$				\$		
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS		\$	\$				\$		
GARAGE PHYSICAL DAMAGE		\$	\$				\$		
COLLISION									
COMPREHENSIVE / OTC									
GARAGE KEEPERS LIABILITY									
<input type="checkbox"/>	LEGAL LIABILITY	COMP / OTC SPECIFIED PERILS	SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
					\$		\$	\$	\$
					\$		\$	\$	\$
<input type="checkbox"/>	DIRECT BASIS	COLLISION			\$		\$		\$
					\$		\$		\$
					\$		\$		\$
<input type="checkbox"/>	PRIMARY				\$			\$	
<input type="checkbox"/>	EXCESS				\$			\$	

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

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

PROPERTY

BLDG	BLKT #	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE TYPE:	\$	DED
		\$			FVRC				\$	DED
PROP PERS	BLKT #	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE TYPE:	\$	DED
		\$			FVRC				\$	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	
							<input type="checkbox"/>	COMMUNITY <input type="checkbox"/>	SPECIFIC PROPERTY <input type="checkbox"/>	

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 INCOME 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 <input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS	SMOKE DETECTORS: <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	
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE / VAULT			<input type="checkbox"/> UL <input type="checkbox"/> SMNA CLASS	
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	PREMISES ALARM			
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE	1			2
<input type="checkbox"/>	<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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER