

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

| | | | | | |
|-----------------------|-----------|--|-------------------------------------|---------------------------------|----------------------|
| AGENT NAME: | | CARRIER | NAIC CODE: | UNDERWRITER | UNDERWRITER OFF. |
| ADDRESS: | | POLICIES OR PROGRAM REQUESTED | | | POLICY NUMBER |
| CITY: | | | | | |
| STATE: | ZIP CODE: | INDICATE SECTIONS ATTACHED | | EQUIPMENT FLOATER | GARAGE AND DEALERS |
| PHONE (A/C, No, Ext): | | <input checked="" type="checkbox"/> PROPERTY | | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE |
| FAX (A/C, No): | | <input type="checkbox"/> GLASS AND SIGN | | ELECTRONIC DATA PROC | BOILER & MACHINERY |
| E-MAIL ADDRESS: | | <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION |
| CODE: | SUB CODE: | <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME | | BUSINESS AUTO | UMBRELLA |
| AGENCY CUSTOMER ID: | | <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO | | TRUCKERS/MOTOR CARRIER | |

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

| | | | | | | | | | |
|---------------------------------------|--------------------------|--------------|--------------------------|-------|--|-------------------|--------------|--------------|-------|
| QUOTE | <input type="checkbox"/> | ISSUE POLICY | <input type="checkbox"/> | RENEW | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. | | | | |
| BOUND (Give Date and/or Attach Copy): | | | | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | AUDIT |
| CHANGE | DATE | TIME | <input type="checkbox"/> | AM | | | DIRECT BILL | | |
| CANCEL | | | <input type="checkbox"/> | PM | | | AGENCY BILL | | |

APPLICANT INFORMATION

| | | | | | | | | | | |
|---|-------------|--------------------------|---------------|--------------------------|---|--------------------------|-----------------------------|-----------------------|-----------|------------------|
| NAME (First Named Insured & Other Named Insureds) | | | | | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | | | | | |
| | | | | | STREET: | | | | | |
| | | | | | City: | | | | | |
| | | | | | State: | | | | | |
| FEIN OR SOC SEC # (of First Named Insured): | | | | | Zip Code: | | | | | |
| E-MAIL ADDRESS(ES): | | | | | WEBSITE ADDRESS(ES): | | | | | |
| <input type="checkbox"/> | INDIVIDUAL | <input type="checkbox"/> | CORPORATION | <input type="checkbox"/> | SUBCHAPTER "S" CORPORATION | <input type="checkbox"/> | LLC | CR BUREAU NAME | ID NUMBER | DATE BUS STARTED |
| <input type="checkbox"/> | PARTNERSHIP | <input type="checkbox"/> | JOINT VENTURE | <input type="checkbox"/> | NOT FOR PROFIT ORG | <input type="checkbox"/> | NO. OF MEMBERS AND MANAGERS | | | |
| INSPECTION CONTACT: | | | | | ACCOUNTING RECORDS CONTACT: | | | | | |
| PHONE (A/C, No, Ext): | | | | | E-MAIL ADDRESS: | | | PHONE (A/C, No, Ext): | | E-MAIL ADDRESS: |

PREMISES INFORMATION

| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | # EMPLOYEES | ANNUAL REVENUES | % OCCUPIED |
|-------|-------|------------------------------------|----------------------------------|---------------------------------|----------|-------------|-----------------|------------|
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | | | |
| | | | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | | | | |
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | | | |
| | | | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | | | | |

NATURE OF BUSINESS - DESCRIPTION OF OPERATIONS BY PREMISE(S) USE 10 WORDS OR MORE TO DESCRIBE:

| |
|--|
| |
|--|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|-----|----|---|-----|----|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | | |
| 4. ANY CATASTROPHE EXPOSURE? | | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO) | | | 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: | | |
| 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | |

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets 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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, 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 |
|-----------------------|------|----------------------|--------------------------|

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | | | | | | | | | | | | | | | | | |
|------------------------------------|-------------------------------|-------------|----------------|--|------------|--|----------------|--|------------|--|----------------|--|------------|--|----------------|--|------------|--|
| GENERAL COMMERCIAL LIABILITY | CARRIER | | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
| | RETRO DATE | | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | | |
| | GENERAL AGGREGATE | | | | | | | | | | | | | | | | | |
| | PRODUCTS COMP OP AGGREGATE | | | | | | | | | | | | | | | | | |
| | PERSONAL & ADV INJ | | | | | | | | | | | | | | | | | |
| | EACH OCCURRENCE | | | | | | | | | | | | | | | | | |
| | FIRE DAMAGE | | | | | | | | | | | | | | | | | |
| | MEDICAL EXPENSE | | | | | | | | | | | | | | | | | |
| | BODILY INJURY | OCCURRENCE | | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | OCCURRENCE | | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | | |
| COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | | |
| AUTOMOBILE | CARRIER | | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| | CARRIER | | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | | |
| | LIMIT | | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | | |

LOSS HISTORY

| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) | | | | | | | | | | CHK HERE IF NONE | SEE ATTACHED LOSS SUMMARY | | |
|--|------|---|--|--|--|------------------|----------------|--------------------|------------------------------|---------------------|------------------------------|-------------------------------------|--|
| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | | | | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS OPEN/CLSD | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | | | | | | | | | | | | ATTACHMENTS | |
| | | | | | | | | | | | | STATE SUPPLEMENT(S) (If applicable) | |
| COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.) | | | | | | | | | | | | | |

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 FOR INSURANCE AND SUBSEQUENT POLICY 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.



DATE (MM/DD/YYYY)

COVERAGES

LIMITS

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

SCHEDULE OF HAZARDS

| | | | |
|-------------------------------------|-------------------------------|-----------------------------------|---------------------|
| RATING AND PREMIUM BASIS | (P) PAYROLL - PER \$1,000/PAY | (C) TOTAL COST - PER \$1,000/COST | (U) UNIT - PER UNIT |
| (S) GROSS SALES - PER \$1,000/SALES | (A) AREA - PER 1,000/SQ FT | (M) ADMISSIONS - PER 1,000/ADM | (T) OTHER |

CLAIMS MADE (Explain all "Yes" responses)

EMPLOYEE BENEFITS LIABILITY

| | |
|---------|---------|
| REMARKS | REMARKS |
| | |

CONTRACTORS

| | | | | | | | |
|---|-----------------------------|-----|--------------------------|--|--------------------|--------------------|----|
| EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | |
| REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | | % OF WORK SUBCONTRACTED: | | # FULL-TIME STAFF: | # PART-TIME STAFF: | |
| | | | | | | | |

PRODUCTS/COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS | |
|--|--------------------|------------|----------------|---------------|--|----------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) | | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) | | |
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? | | | | | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | | 8. PRODUCTS UNDER LABEL OF OTHERS? | | |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | | 9. VENDORS COVERAGE REQUIRED? | | |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED? | | |
| PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC | | | | | | | |

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**ACORD 45 attached for additional names**

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | |
|---|-------|------------------|--------------|----------------------|-------------------------|-----------|
| ADDITIONAL INSURED LOSS PAYEE MORTGAGEE LIENHOLDER EMPLOYEE AS LESSOR | | | | | LOCATION: | BUILDING: |
| | | | | | VEHICLE: | BOAT: |
| | | | | | SCHEDULED ITEM NUMBER: | |
| | | | | | OTHER | |
| | | | | | ITEM DESCRIPTION: | |

GENERAL INFORMATION

| | | | | | | | |
|---|--|-----|----|--|--|-----|----|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | |
| 3. 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) | | | | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS? | | | | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | | | | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS? | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | | | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | |
| 9. RECREATION FACILITIES PROVIDED? | | | | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | | | | | | | |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | | | | | | | |
| REMARKS | | | | | | | |
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ADDITIONAL
PREMISES INFORMATION

| | | | | | | | | | |
|------------------------|--------|--|-----------|----------------|----------------------|--|--|-----------|-------------------------------|
| PREMISES #: | | STREET ADDRESS: | | | | | | | |
| BUILDING #: | | BLDG DESCRIPTION: | | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DEDUCTIBLE(S) | | BLKT # | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ADDITIONAL INFORMATION | | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | | | | VALUE REPORTING INFORMATION - Attach ACORD 811 | | | |

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | | | | | | |
|--------------------------|-----|---------------------------------|----|-------|------------|--------------------------|-----|--------------------------|----|
| SPOILAGE COVERAGE | | DESCRIPTION OF PROPERTY COVERED | | LIMIT | DEDUCTIBLE | REFRIG MAINT AGREEMENT | | OPTIONS | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | \$ | \$ | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

| | | | | | | | | | | | | | | |
|---|--------------|-------------------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--|--------------------------|------------------------------|--------------------------|--------------------------|----|
| CONSTRUCTION TYPE | | DISTANCE TO HYDRANT FIRE STAT | | FIRE DISTRICT/CODE NUMBER | | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA | | | | |
| | | FT | MI | | | | | | | | | | | |
| BUILDING IMPROVEMENTS | | | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES | | | | | | | | |
| <input type="checkbox"/> | WIRING, YR: | | <input type="checkbox"/> | PLUMBING, YR: | | | | | | | | | | |
| <input type="checkbox"/> | ROOFING, YR: | | <input type="checkbox"/> | HEATING, YR: | | | | | | | | | | |
| <input type="checkbox"/> | OTHER: | | WIND CLASS | | | HEATING BOILER ON PREMISES? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | | |
| | | | <input type="checkbox"/> | RESISTIVE | <input type="checkbox"/> | SEMI- RESISTIVE | <input type="checkbox"/> | OTHER | IF YES, IS INSURANCE PLACED ELSEWHERE? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| RIGHT EXPOSURE & DISTANCE | | | LEFT EXPOSURE & DISTANCE | | | FRONT EXPOSURE & DISTANCE | | | REAR EXPOSURE & DISTANCE | | | | | |
| BURGLAR ALARM TYPE | | | CERTIFICATE # | | | | | EXPIRATION DATE | | <input type="checkbox"/> | CENTRAL STATION WITH KEYS | | | |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | | | | EXTENT | | GRADE | | # GUARDS/WATCHMEN | | <input type="checkbox"/> | CLOCK HOURLY | | |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) | | | | | % SPRNK | | FIRE ALARM MANUFACTURER | | | | | <input type="checkbox"/> | CENTRAL STATION | |
| | | | | | | | | | | | | <input type="checkbox"/> | LOCAL GONG | |

ADDITIONAL INTERESTS

| | | | | | | |
|--------------------------|-------------------|--------------|----------------------|-------------------------|------------------------|--|
| RANK: | NAME AND ADDRESS: | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | | |
| INTEREST | | | | LOCATION: | BUILDING: | |
| <input type="checkbox"/> | | | | LOSS | SCHEDULED ITEM NUMBER: | |
| <input type="checkbox"/> | | | | PAYEE | OTHER: | |
| <input type="checkbox"/> | | | | MORT- GAGEE | | |
| ITEM DESCRIPTION: | | | | | | |

REMARKS

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