

Convenience & Grocery Store Supplemental

1. Named Insured: _____
2. Description of operations _____
3. Years in business: _____
4. Does the prospect own or operate any other business? Yes ____ No ____
5. Total annual sales/rental receipts: _____
6. Total number of employees: _____
7. Is the prospect responsible for the maintenance of the property at the location? Yes ____
No ____
8. Does the prospect have a property maintenance agreement in place including snow removal from the parking lot, walkway and roof? Yes ____ No ____ NA
9. Occupancy type: Located in enclosed mall ____ Located in strip mall ____ Stand-alone building ____
10. Sole occupant: Yes ____ No ____
11. If building is more than 25 year old has the roof been updated within the past 25 years? Yes ____ No ____
12. Has the wiring, plumbing & heating been updated within the past 30 years? Yes ____
13. Weekday hours of operation: _____ to _____
14. Weekend hours of operation: _____ to _____
15. Number of residential units: _____
16. Number of gas pumps: _____
17. What are the annual receipts from the sale of gasoline? _____
18. What are the annual receipts from the sale of convenience store items? _____
19. What are the annual receipts from the sale of alcohol? _____
20. Does the prospect have a canopy that is included in the building limit? Yes ____ No ____
21. What is the value of the canopy? _____
22. Does the prospect fill or exchange propane tanks for the general public? Yes ____ No ____
23. Do the cooking operations include grilling, enclosed broiling, deep fat frying, roasting, barbecuing, open broiling and solid fuel (ex: mesquite, charcoal or hard wood) cooking? Yes ____ No ____
24. Are they in full compliance with NFPA standard #96 and the UL #300 standard? Yes ____ No ____
25. Does the property have surveillance cameras? Yes ____ No ____
26. Expiring Carrier: _____
27. Expiring Premium: _____
28. Target Premium: _____

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C. No.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	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		AM		DIRECT BILL					
CANCEL				PM		AGENCY BILL					

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)									
		PHONE (A/C. No. Ext):											
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):									
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	LIMITED LIAB CORP	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	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		PHONE (A/C. No. Ext):		ACCOUNTING RECORDS CONTACT				PHONE (A/C. No. Ext):					

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	PART 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	
			<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)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

REMARKS/PROCESSING INSTRUCTIONS

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)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	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																	
AUTOMOBILITY	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																	
PROPERTY	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)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD TM COMMERCIAL GENERAL LIABILITY SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT	
			AGENCY BILL			
CODE:	SUB CODE:	FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:						

COVERAGES			LIMITS			PREMIUMS	
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$		PREMISES/OPERATIONS	
<input type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$			
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$		PRODUCTS	
<input type="checkbox"/>			EACH OCCURRENCE	\$			
<input type="checkbox"/>	DEDUCTIBLES		DAMAGE TO RENTED PREMISES (each occurrence)	\$		OTHER	
<input type="checkbox"/>	PROPERTY DAMAGE	\$	MEDICAL EXPENSE (Any one person)	\$			
<input type="checkbox"/>	BODILY INJURY	\$	EMPLOYEE BENEFITS	\$		TOTAL	
<input type="checkbox"/>		PER CLAIM					
<input type="checkbox"/>		PER OCCURRENCE					
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)							

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

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

CLAIMS MADE (Explain all "Yes" responses)				EMPLOYEE BENEFITS LIABILITY			
1. PROPOSED RETROACTIVE DATE:				1. DEDUCTIBLE PER CLAIM: \$			
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:				2. NUMBER OF EMPLOYEES:			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?			YES	NO	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?				4. RETROACTIVE DATE:			
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)		YES	NO
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 INSUREDS?			
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					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
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							
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; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

ACORD TM PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)									
	FAX (A/C, No):										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EFFECTIVE DATE</td> <td style="width:20%;">EXPIRATION DATE</td> <td style="width:20%;">DIRECT BILL</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">AGENCY BILL</td> </tr> </table>		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL	
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									
CODE: _____ SUB CODE: _____		FOR COMPANY USE ONLY									
AGENCY CUSTOMER ID:											

PREMISES INFORMATION		PREMISES #:	BUILDING #:	STREET ADDRESS:				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS <input type="checkbox"/> \$ _____	\$ _____ DED _____ ELEC MEDIA DAYS _____ ORD OR LAW DAYS	_____ DAYS _____ MO PERIOD LIMIT _____ MAX PERIOD	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP	EXTRA EXPENSE _____ DAYS PERIOD REST
	LIMIT LOSS PAY _____% _____% _____% _____%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE	INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
SUBJECT OF INSURANCE	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

PREMISES INFORMATION

PREMISES #:	BUILDING #:	STREET ADDRESS:
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS \$ _____	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP	EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION					
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS		PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE					

REMARKS

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 and VA, insurance benefits may also be denied)