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benefits may also be denied) APPLICANT'S SIGNATURE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER																					
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ACORD 125 (2002/01)	APPLICANT	r's signa	TURE					DATE	P	ROE	DUCER'S SIGN	ATUR	E				NA	TIONAL	PRODUCE	ER NUM	BER
ACORD 125 (2002/01) PI FASE COMPLETE REVERSE SIDE © ACORD CORPORATION 1993																					
		125 (20	02/01\					FASEC		FTI		FSI	DF			م ۵		COR	PORATI	ON 10	993

PRIOR CARRIER INFORMATION

LINE		CAT	EGORY			1				1					
	CARI	RIER													
	POLI	ICY NUM	IBER												
	POLI	ICY TYPE	=	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURF	RENCE	CLAIMS MADE	с	CCURRENCE
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ENTER			OR LOSSES (RE		FAULT AND WHE	THER OR NOT IN	SURED) OR OC	CURRENCES TH	AT MAY GIVE RI	SE TO CLAIMS	CI	HK HERE	SE	E ATT	ACHED MMARY
	ATE O		- (-	,				DATE		AMOUNT					CLAIM
000	URRE	NCE	LINE	TYPE/D	ESCRIPTION OF	OCCURRENCE OF	RCLAIM	OF CLAIN	Λ	PAID			RVED		STATUS
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														L	OPEN
															CLOSED
REMA	RKS	NOT	re: Fidelity Re(QUIRES A FIVE	YEAR LOSS HIS	TORY					ATT	CHMEN	TS		
												STATE S	SUPPLEMEN	IT(S) (If	applicable)
ļ															
						Y) HAS BEEN GIV	EN TO THE APP	LICANT. (Not app	licable in all stat	es, consult your ager	t or brok	er for you	ır state's req	uiremer	nts.)
PERS	ONAL	L INFOF		JT YOU, INCLU	JDING INFORM					OM PERSONS OT					
										S OTHER PERSO YOU HAVE THE					
INFO	RMAT	ION IN	OUR FILES A	ND CAN REC	QUEST CORRE	CTION OF ANY	INACCURACI	ES. A MORE	DETAILED D	ESCRIPTION OF	YOUR	RIGHTS	AND OU	r pra	

ACORD 125 (2002/01)

ACORD COMMERCIAL C	SENERAL	LIABILIT	Y SECT	ON	DAT	ſE
PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)					
	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT F	2LAN	AUDIT
			AGENCY BILL			
	FOR COMPANY					
CODE: SUB CODE:	USE ONLY					
AGENCY CUSTOMER ID:						
COVERAGES	LIMITS					
COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE		\$		PREMIUN	//S
CLAIMS MADE OCCURRENCE	PRODUCTS & COMPLETE	ED OPERATIONS AGGR	EGATE \$	PRI	EMISES/OPERAT	IONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISI	NG INJURY	\$			
	EACH OCCURRENCE		\$	PRO	ODUCTS	
DEDUCTIBLES	DAMAGE TO RENTED PR	EMISES (each occurren	nce) \$			
PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any	one person)	\$	ОТІ	HER	
BODILY INJURY \$	EMPLOYEE BENEFITS		\$			
\$ PER OCCURRENCE				тот	ΓAL	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For him	red/non-owned auto covera	ges attach the Business	s Auto Section, ACORD	127)		

SCHEDULE OF HAZARDS

LOCATION		CLASS	Р	REMIUM		EXPOSURE	TEDD	RA	TE	PREM	NIUM
#	CLASSIFICATION	CODE		BASIS			TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
		AYROLL - PER \$1, REA - PER 1,000/\$) TOTAL COST - P I) ADMISSIONS - P			(U) UNIT - (T) OTHER		
CLAIMS I	MADE (Explain all "Yes" respon	ses)			EMP	LOYEE BENI	EFITS L	IABILITY			
1. PROPO	SED RETROACTIVE DATE:				1. DE	DUCTIBLE PE	R CLAIN	1: \$			
2. ENTRY	DATE INTO UNINTERRUPTED CLA	IMS MADE CO	V:		2. NU	JMBER OF EM	PLOYEE	S:			
3. HAS AN	IY PRODUCT, WORK, ACCIDENT, O XCLUDED, UNINSURED OR SELF-I			YES NO	3. NL	JMBER OF EM	PLOYEE	S COVERED	BY EMPLOY	EE BENEFITS P	PLANS:
FROM A	ANY PREVIOUS COVERAGE?				4. RE	TROACTIVE D	ATE:				
	AIL COVERAGE PURCHASED UND POUS POLICY?	ER ANY									
REMARKS					REMA	RKS					
	26 (2000/04)										

EXPLAIN ALL "YES" RESPONSES (For particular text)	st or present operation	າຣ)	YES	NO	EXPLAIN ALL "YE	S" RESPONSES (Fo	r past or present o	perations)	YES	NO NO
1. DOES APPLICANT DRAW PLAN FOR OTHERS?	S, DESIGNS, OR S	SPECIFICATIONS			4. DO YOUR S LESS THAN		RS CARRY CO	VERAGES OR LIMITS		
2. DO ANY OPERATIONS INCLUDE EXPLOSIVE MATERIAL?	E BLASTING OR U	TILIZE OR STORE				NTRACTORS AL YOU WITH A CE				
3. DO ANY OPERATIONS INCLUDE UNDERGROUND WORK OR EAR		UNNELING,				ICANT LEASE EC PERATORS?	QUIPMENT TO	OTHERS WITH OR		
REMARKS/DESCRIBE THE TYPE OF WOR	K SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:			% OF WOR SUBCONT	K RACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:		
PRODUCTS/COMPLETED OPE	RATIONS									
PRODUCTS ANNU	JAL GROSS SALES	# OF UNITS				INTENDED	USE	PRINCIPAL COMPON	IENTS	

EXPLAIN ALL "YES" RESPONSES	(For any past or present pro	duct or operation)	YES	NO	EXPLAIN ALL	"YES" RESPONSES (For any past or pro	esent product or operation)	YES	NO
1. DOES APPLICANT INSTALL,	SERVICE OR DEMONSTR	RATE PRODUCTS?			6. PRODU	ICTS RECALLED, DISCONTINUE), CHANGED?		
2. FOREIGN PRODUCTS SOLD,	DISTRIBUTED, USED AS	COMPONENTS?			7. PRODU	ICTS OF OTHERS SOLD OR RE-F	ACKAGED UNDER		
3. RESEARCH AND DEVELO	PMENT CONDUCTED	OR NEW			APPLIC	ANT LABEL?			
PRODUCTS PLANNED?					8. PRODU	ICTS UNDER LABEL OF OTHERS	?		
4. GUARANTEES, WARRANT	TIES, HOLD HARMLES	S AGREEMENTS?			9. VENDO	RS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INE	OUSTRY?			10. DOES A	NY NAMED INSURED SELL TO OTHE	R NAMED INSUREDS?		
PLEASE ATTACH LITERATURE, BR	OCHURES, LABELS, WARN	IINGS, ETC							

ADI	DITIONAL I	NTEREST/C	ERTIFICATE RECIP	IENT	ACORD 45 attached for	ado	ditional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER
	ADDITIONAL	INSURED						LOCATION:	BUILDING:
	LOSS PAYE	=						VEHICLE:	BOAT:
	MORTGAGE	E						SCHEDULED ITEM NUN	IBER:
		ર						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			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
EMPLOYED OR CONTRACTED?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS			JOINT VENTURES?		
INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
(e.g. landfills, wastes, fuel tanks, etc)			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN			OR SUBSIDIARIES?		
LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			YOUR PREMISES WITHIN THE LAST THREE YEARS?		
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY		
8. IS A FEE CHARGED FOR PARKING?			POLICY IN EFFECT?		
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE		
10. IS THERE A SWIMMING POOL ON THE PREMISES?			ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY		
11. SPORTING OR SOCIAL EVENTS SPONSORED?			OF THE PREMISES?		
REMARKS					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURAL					
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, C MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A (FACT	Г
PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND V					

		F	PRC	DPER	TY S	SECT		N										D	ATE (MM/	DD/YYYY)
	PHONE A/C, No FAX A/C, No						APPL (First Name Insure	ed												
							EFFI	ECTIVE D	ATE	EXPIR	ATION DATE		DIREC			ΡΑΥ	MENT	PLAN		AUDIT
							FOR					_	AGEN		<u> </u>					
CODE:			:	SUB CODE:			USE 0	PANY ONLY												
AGENCY CUSTOMER ID:																				
PREMISES IN	FORM	ATION	1	1	PR	EMISES #:		BUILDIN	G #:	;	STREET ADDF		S:		<u> </u>					
SUBJECT	OF INS	URANC	E	AMC	DUNT	COINS %	VALUA	ATION C	AUSES	OF LO	SS INFLATIO	0N 0 %	DEDUCT	IBLE (BLANK	GE FO	RMS A	ND CO	NDITIONS	TO APPLY
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TYPE OF BUSINI					POWER/H			EXT PERI	OD		TUITION FEE									
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NAME AND ADD	RESS(E	S) FOR	OFF PR	EM POWER C	DR DEPEND	PROP										EXTI EXP	RA ENSE		_ DAYS F	PERIOD REST
																LIMIT LOS	S PAY	(
ADDITIONAL CO	FRAG	ES OP	TIONS F	ESTRICTION	S ENDORS	EMENTS AN			MATION							%		%		%%
CONSTRUCTION														T			I			
	TYPE			DIS HYDRA	TANCE TO	мі		E DISTRIC	CT/COD	ENUM	BER	-	PROT CL	# STO	DRIES #	BASM'TS	YR	BUILT	TOTAL A	AREA
BUILDING IMPRO	OVEMEI	NTS		DIS HYDRA	NT FIRE S		ODE			E NUM			PROT CL			BASM'TS	YR	BUILT	TOTAL A	NREA
	DVEMEI २:	NTS		HYDRA	NT FIRE S	MI BLDG C	ODE DE					c		CUPA	NCIES		YR	BUILT	TOTAL A	NO
WIRING, YF	DVEMEI २:	NTS			NT FIRE S	MI BLDG C GRAI	ODE DE			DOF TY		C F		CUPA	NCIES					
	DVEMEI R: YR:		E		NT FIRE S	MI BLDG C GRAI	DE LASS		SEMI- RESIST	DOF TY	PE	C F	DTHER OC HEATING E	CUPAI BOILER	ON PRE	MISES?			YES	NO
WIRING, YF	DVEMEI R: YR: RE & DI	STANC	E		NT FIRE S	MI BLDG C GRAI WIND C	LASS SISTIVE		SEMI- RESIST		PE	C - 	DTHER OC HEATING E	BOILER INSUR/	ON PRE	MISES?		ERE?	YES	NO NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR	YR: RE & DIS	STANC		PLUMBING, HEATING, Y	NT FIRE S	MI BLDG C GRAI WIND C RE LEFT EXPO	LASS SISTIVE		SEMI- RESIST		PE OTHER	C - 	DTHER OC HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE GRADE	EWHE	ERE?	YES	NO NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR	DVEMEI YR: RE & DI M TYPE M INSTA	STANC	AND SE	PLUMBING, HEATING, Y	YR: R:	MI BLDG C GRAI WIND C LEFT EXPO	CODE DE LASS SISTIVE SURE & TE #		DE RO		PE OTHER RATION DATE	C ⊢ 	HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE	EWHE	CEI	YES YES	NO NO ATION
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE	DVEMEI ?: YR: RE & DI M TYPE M INST PROTE	STANC	AND SE	PLUMBING, HEATING, Y	YR: R:	MI BLDG C GRAI WIND C LEFT EXPO	CODE DE LASS SISTIVE SURE & TE #		SEMI- RESIST		PE OTHER	C ⊢ 	HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE GRADE	EWHE		YES YES NTRAL ST/	ATION NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR	DVEMEI ?: YR: RE & DI M TYPE M INST PROTE	STANC	AND SE	PLUMBING, HEATING, Y	YR: R:	MI BLDG C GRAI WIND C LEFT EXPO	CODE DE LASS SISTIVE SURE & TE #		DE RO		PE OTHER RATION DATE	C ⊢ 	HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE GRADE	EWHE		YES YES NTRAL ST, TH KEYS DCK HOUR	ATION NO
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WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS	DVEMEI RE & DI M TYPE M INST PROTE	STANC ALLED CTION	AND SE (Sprinkl	PLUMBING, HEATING, Y RVICED BY	YR: R:	MI BLDG C GRAI WIND C LEFT EXPO	CODE DE LASS SISTIVE SURE & TE #				PE OTHER RATION DATE ALARM MANU	F C III III	THER OC	CCUPAI BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE GRADE	EWHE		YES YES NTRAL ST/ TH KEYS DCK HOUF NTRAL ST/ CAL GONG	ATION RLY ATION CERTIF- ICATE
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WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT- GAGEE	VEMEI R: YR: RE & DI M TYPE M TYPE PROTE INTE NAMI	STANC ALLED CTION E RES E AND /	AND SE (Sprinkl TS ADDRES	HYDRA PLUMBING, Y HEATING, Y RVICED BY ers, Standpip S S	NT FIRE S	MI BLDG C GRAI WIND C LEFT EXPO CERTIFICAT	CODE DE LASS SISTIVE SURE & TE #				PE OTHER RATION DATE ALARM MANU ALARM MANU ST DSS AYEE ORT- AGEE			CCUPAI GOILER INSUR/ XPOSL # C # C	ON PRE ANCE PL JRE & DI CTENT GUARDS	MISES? ACED ELS STANCE GRADE WATCHME			YES YES NTRAL ST, TH KEYS DCK HOUF NTRAL ST, CAL GONG	ATION ATION CERTIF- CERTIF- ICATE POLICY NOT OWNED
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT- GAGEE VALUE REP	VEMEI R: YR: RE & DI M TYPE M TYPE PROTE INTE NAMI	STANC ALLED CTION E RES E AND /	AND SE (Sprinkl TS ADDRES FORM	HYDRA PLUMBING, Y HEATING, Y RVICED BY ers, Standpip S S	NT FIRE S	MI BLDG C GRAI WIND C LEFT EXPO CERTIFICAT	CODE DE LASS SISTIVE SURE & TE #				PE OTHER RATION DATE ALARM MANU ALARM MANU ST DSS AYEE ORT- AGEE		THER OC	BOILER BOILER XPOSU # C # C	NCIES ON PRE ANCE PL JRE & DI JRE & DI JRE & DI JRE & DI JRE & DI	MISES? ACED ELS STANCE GRADE WATCHME			YES YES NTRAL ST. TH KEYS DCK HOUF NTRAL ST. CAL GONG	ATION RLY ATION B EVIDENCE CERTIF- ICATE POLICY

PRE	MISES INFOR	MAT	ΓΙΟ	N			Р	REMISES #	#:	BUIL	DING #:		STR	REET ADDRE										
	SUBJECT OF I	ISUR	ANC	CE		AMO	UNT	COINS	% VAI	LUATION	CAUSES	s ol	F LOSS	INFLATION GUARD %	DEDU	TIBLE	BLANK COVER	(ET AGE	FOR	MS AND) CON	DITIONS TO		PLY
	ADD	ITION	IAL	INFORM	IATIO	N - BUSIN	IESS INCO	ME/EXTRA	EXPEN	NSE			вι	JSINESS INC	OME W/C	EXTRA	EXPENS	ε	E	EXTRA E	EXPEN	SE		
ТҮРЕ	OF BUSINESS	OR			YROL	LL	POWER/	IEAT		EXT P	ERIOD		τι	JITION FEES			OFF PR	EM PO	OWER	ſ	DEPEN	D PROP		
	NON MFG		E	XCL		INCL	\$	0	DED	_	DAY	rs	\$	s	TUDENT	3	POWI	ER		Γ.		% COIN		
	MFG			90 DAY	′S		ELEC ME	DIA		MO PE	ERIOD		\$	c	THER ED		WATE	ĒR				TLOC		
	MINING			180 DA	YS			DA	AYS	_	LIMI	п		S	ERV/INC		СОМ	N			REC	LOC		
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								DA	AYS	_											LDR	LOC (DESC	C BEI	LOW)
NAM	E AND ADDRESS	(ES)	FOF	R OFF PF	REM I	POWER O	R DEPENI									-			EXTRA			DAYS PE		
																		LIM	IT LOSS					
																			%		_%	%		%
ADDI	TIONAL COVER	GES	, of	TIONS,	REST	RICTION	S, ENDOR	SEMENTS	AND RA		ORMATIO	N							/0					
																								l
CON	STRUCTION TYP	F				DIST	TANCE TO				TRICT/COL		NUMBER	2	PROT	1 # S	TORIES	# 849	SM'TS	YR BU	шт	TOTAL AR	FΔ	
		-				HYDRA					111101/001			`	T NOT C		TOINED	# 040		IN DO				
							FT		G CODF	TAX	CODE R	000	OF TYPE		OTHER									
BUIL	DING IMPROVEN	IENT	s		٦			GF	G CODE RADE			.00			OTTLK	OCCOP	ANGLO							
	WIRING, YR:					UMBING,		VALINI														<u> </u>	-	
	ROOFING, YR:				HE	EATING, YI	R:	WINL	D CLASS	。 「	SEMI			7	HEATIN	3 BOILE	R ON PR	EMIS	ES?		-	YES	_	NO
	OTHER:			_				1	RESIST		SEMI- RESIS	STIV	/F	OTHER			RANCE P			WHERE	E?	YES		NO
RIGH	T EXPOSURE &	DIST	ANC	E				LEFT EX	POSUR	E & DIST	ANCE				REAF	EXPOS	SURE & D	DISTA	NCE					
												-												
BUR	GLAR ALARM TY	PE						CERTIFI	CATE #			E	EXPIRAT	TION DATE			EXTENT	GF	RADE		CEN	TRAL STAT	FION	
																					WITH	H KEYS		
BUR	GLAR ALARM IN	STAL	LED	AND SE	ERVIC	ED BY										#	GUARD	S/WA1	CHMEN	•∟	CLO	CK HOURL	Y	
PRE	ISES FIRE PRO	TECT	ION	(Sprink	lers, S	Standpipe	es, CgØChen	nical Syste	ms)		%SPRNK	F	FIRE AL/	ARM MANUE	ACTURE						CEN	TRAL STAT	FION	
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AD	DITIONAL IN	FER	ES	TS																				
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CID Insurance Programs Inc. DBA CID Insurance Services

Electronics Store Product Application - All States

You can obtain a quote by providing the information in Section I - Instant Quote below, subject to the remainder provided prior to binding.

Applicant's name:				
Location address:				Same as mailing address.
City:		State:	Zip:	
Description of Operations:				
Do you own the Building? PROPERTY SECTION	🛛 Yes	□ No (If No, skip Building Owner Qu	estions under both the Property & Liab	ility Sections below)
Construction:	 □ Frame □ Joisted r □ Modified fire-resistiv 	nasonry I Non-combustible ve I Fire-resistive	Masonry non-co	
Protection class:				
Requested cause of				
Requested valuation: Deductible:		ment cost	alue	
Coinsurance:	□ \$0%			
	roperty limit \$			
	extra expense limit \$			
Building Owner				
	t \$	t		
what year w	as the building construc	ted?		
What is the			sa ft	
	square footage of the en	tire structure?		
Is the buildin	square footage of the en	tire structure?	_sq. ft. overing 100% of the premises?	? 🗅 Yes 🗔 No
Is the buildir LIABILITY SECTION Limit: □ \$100,000/	square footage of the en ng fully protected by an o \$200,000	tire structure? operational sprinkler system co //\$600,000		
Is the buildir LIABILITY SECTION Limit: □ \$100,000/	square footage of the en ng fully protected by an o	tire structure? operational sprinkler system co //\$600,000	overing 100% of the premises?	
Is the buildir LIABILITY SECTION Limit: □ \$100,000/ Exposure basis: ann	square footage of the en ng fully protected by an o \$200,000	tire structure? operational sprinkler system co //\$600,000	overing 100% of the premises?	
Is the buildir LIABILITY SECTION Limit: □ \$100,000/ Exposure basis: ann Building Owner	square footage of the en ng fully protected by an o \$200,000	tire structure? perational sprinkler system cc //\$600,000 □ \$500,000/\$1,0	overing 100% of the premises? 00,000	0,000 licable sq. ft
Is the buildir LIABILITY SECTION Limit: □ \$100,000/ Exposure basis: ann Building Owner Is any portio	square footage of the en ng fully protected by an o \$200,000	tire structure? operational sprinkler system co //\$600,000	overing 100% of the premises? 00,000 □ \$1,000,000/\$2,00 Yes □ No If "Yes," app Yes □ No If "Yes," num	0,000 licable sq. ft nber of units
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Is the buildir LIABILITY SECTION Limit: □ \$100,000/ Exposure basis: ann Building Owner Is any portio Does the ap Additional Interests (AI = Ad Name COSS INFORMATION FOR Property Coverages Year Status	square footage of the en ng fully protected by an of \$200,000	tire structure? operational sprinkler system co //\$600,000	overing 100% of the premises? 00,000	0,000 licable sq. ft nber of units q. ft AI LP M
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Is the buildir IABILITY SECTION Limit: □ \$100,000/ Exposure basis: ann Building Owner Is any portio Does the ap Additional Interests (AI = Ac Name OSS INFORMATION FOR roperty Coverages Year Status	square footage of the en ng fully protected by an of \$200,000	tire structure? operational sprinkler system co //\$600,000	Description	0,000 licable sq. ft nber of units q. ft AI LP M
Is the buildir LIABILITY SECTION Limit: □ \$100,000// Exposure basis: annu Building Owner Is any portio Does the ap Additional Interests (AI = Ac Name 	square footage of the en ng fully protected by an of \$200,000	tire structure? operational sprinkler system co //\$600,000	Description	0,000 licable sq. ft nber of units q. ft AI LP M
Is the buildir LIABILITY SECTION Limit: □ \$100,000// Exposure basis: anno Building Owner Is any portio Does the ap Additional Interests (AI = Ac Name 	square footage of the en ng fully protected by an of \$200,000 □ \$300,000 ual receipts \$ on of the building leased plicant lease any apartm dditional Insured, LP = L Relationship/Interest □ THE PAST THREE YE/ □ None, or provide det \$	tire structure? operational sprinkler system co //\$600,000	Description	0,000 licable sq. ft nber of units q. ft AI LP M
Is the buildir LIABILITY SECTION Limit: □ \$100,000// Exposure basis: anno Building Owner Is any portio Does the ap Additional Interests (AI = Ad Name 	square footage of the en ng fully protected by an of \$200,000 □ \$300,000 ual receipts \$ on of the building leased plicant lease any apartm dditional Insured, LP = L Relationship/Interest □ THE PAST THREE YE/ □ None, or provide det Incurred \$ \$ \$ None, or provide det Incurred	tire structure? operational sprinkler system co //\$600,000	Description	0,000 licable sq. ft nber of units q. ft AI LP M
Is the buildir LIABILITY SECTION Limit: □ \$100,000// Exposure basis: anno Building Owner Is any portio Does the ap Additional Interests (AI = Ad Name 	square footage of the en ng fully protected by an of \$200,000 □ \$300,000 ual receipts \$ on of the building leased plicant lease any apartm dditional Insured, LP = L Relationship/Interest □ THE PAST THREE YE/ □ None, or provide det Incurred \$ \$ None, or provide det Incurred \$	tire structure? operational sprinkler system co //\$600,000	Description	0,000 licable sq. ft nber of units q. ft AI LP M

III. ADDITIONAL PROPERTY INFORMATION				
If you own the building and it is more than 10 years old, please comp	blete the following:			
Age of roofyrs. Plumbing updated (yr) F	Electrical updated (yr)	Heating updated (yr)		
Roof type: General Flat General Wood shake General Shingle General N	1etal 🛛 Tile 🖾 Slate	Other		
Plumbing type: PVC Copper Lead C				
What type of burglar alarm is on the premises? Central station				
How many years has the applicant been at the current location?				
IV. ELIGIBILITY CRITERIA				
1. No bankruptcies, tax or credit liens against the applicant in the las	-	True		
2. Coverage has not been cancelled or non-renewed in the last three		True False		
If "False," advise reason				
Property				
1. For any building built prior to 1978, 100% of the electric wiring is				
operating circuit breakers with a minimum of 100 AMP service		□ N/A □ True □ False		
2. For any building built prior to 1978, there is no aluminum wiring c	r knob and tube wiring	□ N/A □ True □ False		
3. Functioning and operational fire extinguishers available		True D False		
4. Functioning and operational smoke and/or heat detectors in all un	his and/or occupancies	True False		
General Liability 1. No products sold under the applicant's name or label		True False		
2. No modifications performed on any products				
3. No sale, maintenance or repair of security systems				
4. No armed security or weapons on the premises				
V. ADDITIONAL APPLICANT INFORMATION				
V. ADDITIONAL APPLICANT INFORMATION				
Form of Business: Individual Corporation Part	nership 🛛 LLC 🔾 Other			
What year did the business start?	_			
Applicant's mailing address:	(if different than the second s	ne location address above)		
City:	State:	Zip:		
E-mail address of primary contact:				
Inspection contact name:	Telephone/E-mail address:			
Audit contact name:	_ Telephone/E-mail address:			

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 purpose of defrauding or attempting to defraud the purpose of defrauding 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.

District of Columbia Fraud Statement: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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 or a denial of insurance benefits. New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature:	SIGN HERE	Title:	Date:	
If your state requires that we have information regarding	g your Authorized	l Retail Agent or Bro	oker, please provide below.	
Retail agency name:			License #:	
Main agency phone number:				
Agency mailing address:				
Citv:		State:	Zip code:	