

Customer Copy

NEW BUSINESS		Is any applicant an existing State Farm customer: Yes	
Base Policy Contract (BPC):	Distributors Policy	If Yes, State / Prov:	IL
Effective Date:	06-16-2014	App Date:	05-14-2014
Agent: Adam J Greene	Agent Code:	13-3875	App Time: 05:30 PM
		AFO Code:	01FA8E

CUSTOMERS:	SSN/SIN	Home Phone	Business Phone
Applicant: ROSEN, BRADLEY	XXX-XX-9572	(847) 343-1166	
Customer name(s):	ROSEN, BRADLEY DBA FULFILLMENT PACKAGING SERVICE		
Mailing Address:	10 COLONY LN DEERFIELD, IL 60015-4515		
For the purpose of this application, the type of organization is: Individual			

LOCATION DETAILS:
Location 1:
Property Location:
Street: 5550 Touhy Ave
City: Skokie
State / Prov: IL
ZIP / Postal: 60077-3253
County: Cook
Territory Zone: 15
Subzone: 01
Occupancy / Ownership: Tenant
Type of business: Mail Order Houses
Location Details:
Is this address inside the city limits: Yes
Is the risk located within 1000 feet of high tide of the ocean, gulf, bay, harbor, open water or located on an island: No
Are alcoholic beverages sold and / or consumed on the premises: No
Adjustments:
Automatic sprinkler protection: No
Fire or smoke alarm: None
Burglar alarm: None
Security guard employed exclusively by the insured and on duty after hours: No
Enclosed Building:
Is the entrance through a common enclosed area, not subject to outside weather conditions required to access business: No

PRE-ELIGIBILITY:
Does this applicant / locations meet all Commercial Lines Manual (CLM) Underwriting Guide requirements: Yes
Did an underwriter authorize this submission: Yes
Name of approving or assisting underwriter: Eric Johnson
Date of approval: 06-16-2014
Has any insurer or agency cancelled or refused to renew similar insurance to the business within the past three years: No
Number of years the applicant has owned and operated the same type of insured business: 7
Number of years this business location has been insured by applicant (If additional locations apply to this policy, answer based on the longest number of years and 3 or More
Has applicant had losses, insured or not, in the past three years: No
Claim History Rating/Commercial Experience Rating Plan
Number of claims for rating purposes: 0
Claim history rating plan should not apply: No
Prior Commercial Multi-Peril policy with State Farm: No
Prior carrier name: Travelers
Does the applicant want to replace an existing State Farm policy with this transaction: No
Description of applicant's business activities on and off premises: fulfillment center for orders on amazon.com
Are there other operations and other owned / leased locations: No
Does the applicant have a website: Yes
Website address: http://www.fulfillmentpackagingservice.com
Sells, rebottles, repackages, or manufactures products under their own label: No
Do employees use their personal vehicles in the course of business: No

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COVERAGES - ALL LOCATIONS:

Desired coverage effective date: 06-16-2014
 Deductible: 5,000
 Loss of Income and Extra Expense: Actual Loss Sustained - 12 Months
 Business Liability (per occurrence): 1,000,000
 Damages to Premises Rented to You: 300,000
 Medical Expenses: 5,000
 Number of active owners or partners: 1
 Number of employees (including part-time, temporary, seasonal, and leased employees; excluding owners, partners, corporate officers, and directors): 0

COVERAGE DETAILS:**Location 1,**

Year built: 1990
 Construction: Masonry
 Business Personal Property: 50,000
 Does Business Personal Property include Tenant Improvements and Betterments: No
 List all other types of occupancies / exposures within 60 feet of the location of risk: Office Building Commerical Business Park
 Total square footage area: 1000
 Liability rating base: Annual Sales
 Liability rating base amount: 75000

OPTIONAL COVERAGES:**Additional Coverages**

Accounts Receivable (On Premises): Yes
 Amount included (On Premises): \$10,000
 Loc 1:
 Amount needed (On Premises): 10,000
 Computer Property: Yes
 Amount included for Computer Hardware / Software: \$25,000
 Amount included for Loss of Income and Extra Expense: \$25,000
 Deductible: 500
 Amount needed for Computer Hardware / Software: 25,000
 Amount needed for Loss of Income and Extra Expense: 25,000
 Dependent Property - Loss of Income: Yes
 Amount included: \$10,000
 Amount needed: 10,000
 Employee Dishonesty: Yes
 Amount included: \$10,000
 Deductible: 250
 Amount needed: 10,000
 Money and Securities: Yes
 Amount included (On Premises): \$10,000
 Amount included (Off Premises): \$5,000
 Deductible: 250
 Loc 1:
 Amount needed (On Premises): 10,000
 Amount needed (Off Premises): 5,000
 Outdoor Property: Yes
 Amount included: \$5,000
 Loc 1:
 Amount needed: 5,000
 Personal Property Off Premises: Yes
 Amount included: \$15,000
 Amount needed: 15,000
 Property Of Others (applies only to those premises provided Coverage B - Business Personal Property): Yes
 Amount included: \$2,500
 Loc 1:
 Amount needed: 100,000
 Seasonal Increase - Business Personal Property: Yes

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Amount included: 25%
 Loc 1:
 Seasonal Increase percentage limit: 25%
 Signs: Yes
 Amount included: \$2,500
 Loc 1:
 Amount needed: 2,500
 Utility Interruption - Loss of Income: Yes
 Amount included: \$10,000
 Amount needed: 10,000
 Valuable Papers and Records (On Premises): Yes
 Amount included (On Premises): \$10,000
 Loc 1:
 Amount needed (On Premises): 10,000

CUSTOMIZE QUOTE:

QUOTE RESULTS:
 Application taken date: 05-14-2014
 Base Policy Contract (BPC): Distributors Policy
 Location 1:
 Territory Zone: 15 Subzone: 01

<u>Quote Results</u>	<u>Limit</u>	<u>Premium</u>
Coverages		
Coverage B - Business Personal Property	50,000 - Replacement Cost	758.00
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months	
Coverage L - Business Liability - Per Occurrence	1,000,000	212.00
Coverage L - Business Liability - Annual Aggregate Limit	2,000,000	
Products / Completed Operations Liability - Annual Aggregate	2,000,000	
Damage to Premises Rented to You	300,000	
Coverage M - Medical Expenses	5,000	
Policy Deductibles		
Basic Deductible	5,000	(479.00)
Employee Dishonesty	250	
Equipment Breakdown	2,500	
Inland Marine Computer Property Form	500	
Money and Securities	250	
Discounts and Charges		
Claim History Rating		(321.00)
Years in Business Discount		(39.00)
Extensions of Coverage		
Accounts Receivable (Off Premises)	5,000	
Accounts Receivable (On Premises)	10,000	
Arson Reward	5,000	
Brands And Labels	25,000	
Collapse	Included	
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit	
Debris Removal	25% of covered loss	
Dependent Property - Loss of Income	10,000	
Employee Dishonesty	10,000	
Equipment Breakdown	Included	
Fire Department Service Charge	2,500	
Fire Extinguisher Systems Recharge Expense	5,000	

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Forgery Or Alteration	10,000	
Glass Expenses	Included	
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%	
Inland Marine Computer Property Form	25,000	
Inland Marine Computer Property Loss of Income / Extra Expense	25,000	
Money And Securities (Off Premises)	5,000	
Money And Securities (On Premises)	10,000	
Money Orders And Counterfeit Money	1,000	
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	100,000	
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	250,000	
Ordinance Or Law - Equipment Coverage	Included	
Outdoor Property	5,000	
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	2,500	
Personal Property Off Premises	15,000	
Pollutant Clean Up And Removal	10,000	
Preservation Of Property	30 Days	
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	100,000	1,155.00
Seasonal Increase - Business Personal Property	25%	
Signs	2,500	
Utility Interruption - Loss of Income	10,000	
Valuable Papers and Records (Off Premises)	5,000	
Valuable Papers and Records (On Premises)	10,000	
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included	
Total Annual Premium		1,286.00
Monthly Premium (Service charge not included)		107.17

This is a sample quote that contains only a general description of some available coverages and limits with an approximate premium, subject to eligibility. It is not a contract, binder of coverage or coverage recommendation. All coverages are subject to the terms, provisions, exclusions, and conditions in the policy and its endorsements. If information used for rating changes or different rates are effective at the time of policy issuance, this rate quote may be revised. If you have any questions, please contact my office.

ADDITIONAL INTERESTS:

DOCUMENTS/PHOTOS:

Location 1:

Attached	Unattached - required	Explanation
Front Photo		
Back Photo		

BIND:

Bind application: Yes
 Authorization Name: Eric Johnson
 Date of approval: 06-16-2014
 Desired coverage effective date: 06-16-2014
 Application taken date: 05-14-2014
 Application taken time: 05:30 PM
 Premises inspected on: 06-16-2014
 Premises inspected by: adam greene

BILLING PAYMENT:

Minimum amount due: 1,286.00
 Total annual premium: 1,286.00

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Put application on SFPP: Yes

If yes, is the insured replacing an existing policy that should remain on the same SFPP account: No

Total annual premium: 1,286.00

Amount paid: 0.00

Balance due: 0.00

DISCLOSURES:**Underwriting Confirmation Statement.....**

Coverage is not provided until this application is approved by State Farm's Underwriting Department.

Regarding Your Coverage Amount.....

It is up to you to choose the coverages and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your building. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.® using information you provide about your building. We can accept the type of estimate you choose as long as it provides reasonable level of detail about your building. State Farm does not guarantee that any estimate will be the actual future cost to rebuild your building. Higher limits are available at higher premiums. Lower limits are also available, which if selected may make certain coverages unavailable to you. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your building.

Application Acknowledgement Statement.....

By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the coverages, including options and endorsements, and the amounts of coverage on this application are those chosen by you, and (4) the premium charged must comply with State Farm's rules and rates and may be revised.

REGARDING THE ILLINOIS CIVIL UNION ACT.....

The Illinois Religious Freedom Protection and Civil Union Act ("the Act;" 750 ILCS 75/1 et seq.) became effective June 1, 2011. This Act provides that under the laws of Illinois, parties to a civil union have the same legal obligations, responsibilities, protections, and benefits as spouses. As required by this Act, parties in a civil union have the same coverage benefits and are subject to the same duties and terms under your State Farm policy as spouses.