

BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)

AGENCY PHONE	0.0404	COMPANY NAIC CODE:																
(A/C, No, Ext):						PANY NAIC CODE:												
FAX (A/C, No):													POL	ICY #:				
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			NE	w	EFFE	СТІ	VE DATE	EXPIRA		PAYMENT PLAN								
E-MAIL ADDRESS:				IWL	AGENCY BILL													
CODE:	SUB CODE:			JOTE	ISSUE POLICY POLICY TYPE										DEPOSIT			
AGENCY CUSTOMER ID:						 :۱۰		I OLIOI	STD		SPE				\$			
						.).			310		351				Ψ			
NAME (First Named Insured)								LL	C		GL COD	F	SIC	FEIN	OR SOC SEC	: #		
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MAILING ADDRESS (INCLUDING ZIP+	(1)			_			NERSHIP		INT VENTUR	κE								
					_		PORATION FOR INSPE		HER		PHONE							
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INTERNET ADDRESS:																		
NATURE OF BUSINESS											1							
OFFICE	RETAIL	APARTM	IENTS				RESTAU	RANT			J			STARTE	USINESS ED			
SERVICE	WHOLESALE	CONDO	MINIUMS				CONTRA	CTOR										
DESCRIPTION OF OPERATIONS																		
RETAIL STORES: %	INSTALLATION, SERVICE OR		ORK															
GENERAL INFORMATION																		
	NOFO			VEG							1050					VES	NO	
1. DO/HAVE PAST, PRESENT OR DI					_				L "YES" RES R OPERATE				552					
STORING, TREATING, DISCHARG	GING, APPLYING, DISPOSING,	OR				`	0. 00100		IN OF LINATE			JUSINE	50:					
TRANSPORTING OF HAZARDOUS	S MATERIAL? (e.g. landfills, wa	stes, fuel tan	iks, etc)															
						9	9. ANY OT	HER INS	URANCE WI	тн т	THIS COM	PANY? (LIST POLIC		RS)			
2. ARE ATHLETIC TEAMS SPONSOF	RED?																	
				_		10	0. ARE YC	U INVOL	VED IN MAN	UFA	CTURING	, MIXINO	G, RELABE	LING				
 ARE SUB CONTRACTORS ALLOW CERTIFICATE OF INSURANCE? 							OR REF	ACKAGI	NG OF PROD	DUC	TS?							
		IO/TIEO!																
									R LOAN EQU				\$2					
4. DURING THE LAST FIVE YEARS (+ -		-	20100			J. 1V								
INDICTED FOR OR CONVICTED C	OF ANY DEGREE OF THE CRI	ME OF FRAL																
BRIBERY, ARSON OR ANY OTHER WITH THIS OR ANY OTHER PROF		CONNECT	ION			-				F (2)	001105					_	\square	
(In RI, failure to disclose the existen	nce of an arson conviction is a m	isdemeanor				12			HAD A FOR					ANKRUPTC	Ϋ́,			
punishable by a sentence of up to o	one year of imprisonment).											,						
						13	3 ANY EX	POSURE	TO FLAMMA		S EXPLO	SIVES		CALS?				
5. ANY POLICY OR COVERAGE DEC				+-		-												
DURING THE PRIOR 3 YEARS? (I						\vdash		TAOTDO			0							
						14	4. ANY CA	TASTRO	PHE EXPOS	URE	: /							
6. DO YOU LEASE EMPLOYEES TO	OR FROM OTHER EMPLOYER	RS?				15			ES OR CLAI						G?			
							MOLLO			IO, D					0.			
7. ANY WORKERS COMPENSATION	CARRIED?					16	6. ANY UN	ICORREC	CTED FIRE C	ODE		ONS?						
DESCRIBE ANY LOCATION / BUSINES	SS INTEREST OWNED / OPER	ATED BY IN	SURED B	UT NO	t lis	TED)											

PRIOR	POLICY(IES)/LOSS HISTORY	See attached loss summary				
PREVIOUS	S CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST YRS	TOTAL LOSSES
						\$
DESCRIPT	TION OF LOSSES, WHETHER OR NOT INSURE	D (Date, cause, amt paid, claim status)				
1						
POLICY	(LEVEL COVERAGES					

LIABILITY (Choose the limit options compatible with the program you are requesting)

COVE	RAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SING	LE LIMIT	\$		HIRED AUTO	\$	
BODILY INJURY & PROP	OCCURRENCE	\$		NON-OWNED AUTO	\$	
DAMAGE	AGGREGATE	\$		EMPLOYEE BENEFITS	\$	
MEDICAL EXPEN	SE (PER PERSON)	\$			\$	
DAMAGE TO REN	ITAL PREMISES	\$			\$	
PROFESSIONAL I	LIABILITY	\$			\$	
LIQUOR LIABILITY	Y				\$	
	GEN. AGGREGATE	\$			\$	
	PER PERSON	\$			\$	
OTHER:		\$			\$	

ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS			COMPUTERS	\$	\$	
EATRAEAP	\$	\$		ORD OR LAW	\$	\$	
LOSS OF	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ERISA	\$	\$	
INC	\$	φ		FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB STK	\$	\$		TRANSIT	\$	\$	
BRG/ROB MNY	\$	\$			\$	\$	
MONEY & SEC - INSIDE	\$	\$			\$	\$	
MONEY & SEC OUTSIDE	\$	\$			\$	\$	
SPOILAGE	\$	\$			\$	\$	

SPECIALTY PROGRAMS

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION

CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION

PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS

AD	ADDITIONAL INTEREST ACORD 45 ATTACHED											
INTE	REST	RANK:	NAME AND AD	DRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER				
	ADDITIONAL	INSURED				PREMISES:	BUILDING:					
	LOSS PAYEE						VEHICLE:	BOAT:				
	MORTGAGE	E					SCHEDULED ITEM NUM	MBER:				
	LIENHOLDE	र					OTHER					
			ITEM DESCRIP	TION:								
CC OT WI IN	DLLECTED FI THER PERSO THOUT YOU ACCURACIES	Rom Person NAL AND PR R AUTHORIZ S. A MORE I	NS OTHER TH IVILEGED INF ATION. YOU H DETAILED DE	IAN YOU ORMATIO IAVE TH SCRIPTIO	CES - PERSONAL INFORMATION ABOUT YO J IN CONNECTION WITH THIS APPLICATION / ON COLLECTED BY US OR OUR AGENTS MA' E RIGHT TO REVIEW YOUR PERSONAL INFO ON OF YOUR RIGHTS AND OUR PRACTICES ICTIONS ON HOW TO SUBMIT A REQUEST TO U	AND SUBSEQUENT RENEW / IN CERTAIN CIRCUMSTAN RMATION IN OUR FILES AN REGARDING SUCH INFOR	ALS. SUCH INFORM ICES BE DISCLOSED ID CAN REQUEST CO	ATION AS WELL AS TO THIRD PARTIES DRRECTION OF ANY				
OF CC	R STATEME	NT OF CLAI ANY FACT M	M CONTAININ	NG ANY RETO, C	INT TO DEFRAUD ANY INSURANCE COMPAN MATERIALLY FALSE INFORMATION, OR C COMMITS A FRAUDULENT INSURANCE ACT, V Ible in CO, HI, NE, OH, OK, OR, or VT; in DC, LA	CONCEALS FOR THE PUP	RPOSE OF MISLEAD BJECTS THE PERSON	ING INFORMATION				
AN					ENTATIVE OF THE APPLICANT AND CERTIFIEND. HE/SHE CERTIFIES THAT THE ANSWERS							

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ABOUNDER OF LONG DESCRIPTION PERCENT PERCENT <th>PREMISE</th> <th>S P</th> <th>REM #:</th> <th>BLDG</th> <th>#:</th> <th></th> <th></th> <th>NKET RATE</th> <th></th> <th>Y</th> <th>ES</th> <th></th> <th>NO</th> <th></th> <th></th> <th colspan="4">ACORD 139 ATTACHED</th> <th></th>	PREMISE	S P	REM #:	BLDG	#:			NKET RATE		Y	ES		NO			ACORD 139 ATTACHED										
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of CMPLOYEES HOURS OF OPERATION CLASS CODE RATE # NUMBER OF OPERATION DESCRIPTION OF ALL OCCUPANCES AT THIS PREIMISES PROPERTY ILLING % COMS VILL INC VICC ACV NFL % gen CONSTRUCTION TYPE IOT SOFT AREA PROP [S] MAIN NO COM ACV NFL % gen Descriptions Secons Transmission Secons Tra	COUNTY:				ZIP	:																		YES		NO
START TIME: CLOSENO TIME: S S CLASE COCE RATE 8 RATE ROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES PROPERTY	DESCRIPTION	N OF OPE	RATIONS AT	THIS PREM	IISES							BUIL	DING D	DESCR	IPTIC	ON										
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IPPOP IS	PERS			% COIN	VALU-		RC	ACV		N/A)	\$					DED	STO	RIES	SPRNK	BASE	ИENT	PRESE	NT?	YES		NO
Bull_OND_TOTAL AMOUNT YEAR	PROP \$,							DED								YES		NO
LUBILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting) Instant DED COVERAGE LIMIT DED COVERAGE LIMIT DED IQUOR LIABILITY - PREMISES COVERAGE NUM S S S S INCOMPENDENT S S S S S S INCOMPENDENT S S S S S S S INCOMPENDENT S S S S S S S S	BUILDING						EAR	ROOF TYPE					INSP	ECTE	0?			ТАХ	CODE				SE	MI-RESIS	TIVE	
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VAL PAPERS \$ <th< td=""><td>INC</td><td></td><td></td><td> \$</td><td></td><td></td><td></td><td></td><td></td><td></td><td>F</td><td>FLO</td><td>OD</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	INC			\$							F	FLO	OD	-												
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Image: state of loss of	MONEY & SEC OUTSIDE	\$		\$										\$												
ABOVE GROUND FLOOR GLASS \$ Yes NO Yes Yes ABOVE GROUND FLOOR GLASS Yes NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 1. IS THERE A SWIMMING POOL ON PREMISES? 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: YES FENCED DIVING BOARD ABOVE GROUND IFE GROUND 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. NO LIMITED ACCESS SLIDE IN - GROUND	GLASS LO	OCATION	IN BUILDING	i	# PLAT	ES	ARE	A SQ FT	LEN	NGTH	LINEA	AR FI	r gl	ASS T	YPE	IN	TERIC	DR	TENAN EXT	ITS		VALU	E		DED	
PREMISES GENERAL INFORMATION Yes NO Yes NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 5. IS THERE A SWIMMING POOL ON PREMISES? 5. IS THERE A SWIMMING POOL ON PREMISES? 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. NO LIMITED ACCESS SLIDE IN - GROUND	G	ROUND F	LOOR GLAS	S																\$				\$		
YES NO YES NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 5. 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 5. IS THERE A SWIMMING POOL ON PREMISES? 5. 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES FENCED DIVING BOARD ABOVE GROUND IIFE GROUND	A	BOVE GR	OUND FLOO	R GLASS																\$				\$		
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 5. IS THERE A SWIMMING POOL ON PREMISES? 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES FENCED DIVING BOARD ABOVE GROUND IIFE GROUND	PREMISE	S GEN	ERAL INI	ORMAT	ION																					
INDICATE DATE OF LAST INSPECTION) 4. IS ALL EQUIPMENT INOP COLD ANNOALLY AND WELL MAINTAINED? 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 5. IS THERE A SWIMMING POOL ON PREMISES? 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES FENCED DIVING GROUND ABOVE GRUND LIFE GROUND										YES	NO														YES	NO
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 5. IS THERE A SWIMMING POOL ON PREMISES? 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES FENCED DIVING BOARD ABOVE GROUND LIFE GROUND					OCESSING	BOIL	ER? (IF)	YES,			1	4. I	IS ALL E	QUIP	MEN	T INSPE	CTED	ANNL	JALLY AN	D WELI	MAI	NTAINE	D?			
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR YES FENCED BOARD GROUND GUARD OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. NO LIMITED SLIDE IN -						RACI					1	5.	٦	RE A S	WIM	MING P	00L (_		_					
OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.	3. ANY SPEC	IALIZED E	QUIPMENT,	SUCH AS N	IEDICAL EG			2				1	-		L					3 📙	A G)	
REMARKS (Attach additional sheets if more space is required)													NO			ACCE	SS		SLIDE		G	ROUNE)			
	REMARK	S (Atta	ch additi	onal she	ets if mo	ore s	space	is require	ed)																	

APARTMENTS AND CONDOMINIUMS

	YES	NO								YES	NO
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:		NONE		BATTERY		WIRED		
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSC		TION BYLAW	/S IF	D&O COVERAGE	IS R	EQUESTED		
3. # OF FIRE # UNITS PER # UNITS DIVISIONS: FIRE DIVISION: OWNER OCCUPIED:			7. IS DEVELOPER OR CONTRACTO	DR A	BOARD MEN	/BEF	र?				
4. INDICATE WHERE COVERAGE APPLIES TO: BARE WALLS FINISHED	WAL	LS	8. IS A PROPERTY MANAGER EMPI	LOY	ED?						

CRIME

AL/	ARM TYPE	AL/	ARM DESCRIPTION				EXTENT OF F	ROTE	CTION		SAF	FE/VAU	JLT/R	ECEPT	ACLE	E MANU	JFACTURER'S NAME	LAE	BEL	
	HOLD-UP		LOCAL GONG	GRAD	DE :	SAF	E/VAULT	F			1								UL	
	PREMISES		CNTRL STAT W/ KEYS				PARTIAL	1	2	3									SM	NA
	SAFE/VAULT		CNTRL STAT W/O KEYS				COMPLETE											CL/	ASS	
			POLICE CONNECT	CERT #:			EXP DATE:													
	MAXIMUM CAS ON PREMISES		MAXIMUM CASH WITH MESSENGE		MON PREMISES				FREG					DBOLT R LOC		NDER	SAFE DOOR CONSTRUCTION			
\$			\$	\$										YES		NO				
OTH	HER PROTECTIO	N (Li	ahting, fences, watchpers	ons. etc.)																

(Lighting,

REMARKS (Attach additional sheets if more space is required)	AT	TACHMENTS
		STATE SUPPLEMENT(S) (If applicable)