

ACORDTM BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)

| | | | |
|--|-----------------------|---|-----------|
| AGENCY | PHONE (A/C, No, Ext): | COMPANY | NAIC CODE |
| | FAX (A/C, No): | | |
| CODE: | | SUB CODE: | |
| AGENCY CUSTOMER ID | | DEPOSIT \$ | |
| COMPANY POLICY OR PROGRAM NAME PROGRAM CODE: | | NEW <input type="checkbox"/> EFFECTIVE DATE _____ EXPIRATION DATE _____ DIRECT BILL <input type="checkbox"/> PAYMENT PLAN RNWL <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> | |
| QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> POLICY TYPE <input type="checkbox"/> STD <input type="checkbox"/> SPEC <input type="checkbox"/> | | BOUND (DATE): _____ | |

APPLICANT INFORMATION

| | | | | | |
|-----------------------------------|--------------------------------------|--|-----------------------------|-----------|-------------------|
| NAME (First Named Insured) | INDIVIDUAL <input type="checkbox"/> | L L C <input type="checkbox"/> | GL CODE | SIC | FEIN OR SOC SEC # |
| MAILING ADDRESS (INCLUDING ZIP+4) | PARTNERSHIP <input type="checkbox"/> | JOINT VENTURE <input type="checkbox"/> | CONTACT FOR INSPECTION | | |
| | CORPORATION <input type="checkbox"/> | OTHER <input type="checkbox"/> | PHONE (A/C, No, Ext): _____ | | |
| INTERNET ADDRESS: | CREDIT BUREAU NAME | | | ID NUMBER | |

NATURE OF BUSINESS

| | | | | | |
|---|---|--|-------------------------------------|-------------------------------------|-----------------------|
| OFFICE SERVICE <input type="checkbox"/> | RETAIL WHOLESALE <input type="checkbox"/> | APARTMENTS CONDOMINIUMS <input type="checkbox"/> | RESTAURANT <input type="checkbox"/> | CONTRACTOR <input type="checkbox"/> | DATE BUSINESS STARTED |
| DESCRIPTION OF OPERATIONS | | | | | |
| RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK | | | | | |

GENERAL INFORMATION

| PLEASE EXPLAIN ALL "YES" RESPONSES | YES | NO | PLEASE EXPLAIN ALL "YES" RESPONSES | YES | NO |
|--|-----|----|--|-----|----|
| 1. 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) | | | 10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS? | | |
| 2. ARE ATHLETIC TEAMS SPONSORED? | | | 11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | |
| 3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES? | | | 12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS? | | |
| 4. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | 13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS? | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO | | | 14. ANY CATASTROPHE EXPOSURE? | | |
| 6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | 15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | |
| 7. ANY WORKERS COMPENSATION CARRIED? | | | 16. ANY UNCORRECTED FIRE CODE VIOLATIONS? | | |
| 8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS? | | | DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED | | |
| 9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS) | | | | | |

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

| PREVIOUS CARRIER | POLICY NUMBER | TOTAL PREMIUM | EXP DATE | # LOSSES LAST ___ YRS | TOTAL LOSSES \$ |
|---|---------------|---------------|----------|-----------------------|-----------------|
| DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status) | | | | | |

POLICY LEVEL COVERAGES

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

| | | |
|---------------------------------|---------------------------|----------------------|
| COMBINED SINGLE LIMIT \$ | PROFESSIONAL LIABILITY \$ | HIRED AUTO \$ |
| BODILY INJURY & PROP DAMAGE | LIQUOR LIABILITY | NON-OWNED AUTO \$ |
| OCCURRENCE \$ | GEN. AGGREGATE \$ | EMPLOYEE BENEFITS \$ |
| AGGREGATE \$ | PER PERSON \$ | \$ |
| MEDICAL EXPENSE (PER PERSON) \$ | OTHER: _____ \$ | \$ |
| DAMAGE TO RENTAL PREMISES \$ | | \$ |
| DEDUCTIBLE \$ | % APPLICABLE TO: | |

REMARKS (Attach additional sheets if more space is required)

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 | \$ | \$ | |
| | | | | ORD OR LAW | \$ | \$ | |
| LOSS OF INC | ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ \$ | \$ | | ERISA | \$ | \$ | |
| | | | | FLOOD | \$ | \$ | |
| VAL PAPERS | \$ | \$ | | EARTHQUAKE | \$ | \$ | |
| ACCN'TS 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 |

ADDITIONAL INTEREST

ACORD 45 ATTACHED

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

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

| | |
|--|-------------------------------------|
| | STATE SUPPLEMENT(S) (If applicable) |
| | |
| | |
| | |

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 AND SUBSEQUENT 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.

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

| | | | | | | | |
|--|--------------------|---------------------------|---|----------------------|------------|---------------------------|---|
| PREMISES | | PREM #: | BLDG #: | BLANKET RATE | YES | NO | ACORD 139 ATTACHED |
| ADDRESS (Street, City, State) | | CHECK IF PRIMARY PREMISES | | INTEREST | OWNER | PERCENTAGE OCCUPIED | SURROUNDING EXPOSURES & OTHER OCCUPANCIES |
| | | | | TENANT | YEAR BUILT | SQUARE FEET OCCUPIED | FRONT |
| | | | | | | | RIGHT |
| | | | | | | | REAR |
| | | | | | | | LEFT |
| | | | | | | | ANY AREA LEASED? |
| | | | | | | | YES |
| | | | | | | | NO |
| COUNTY: | ZIP: | PROT CLASS | RATE TERR | DISTANCE TO HYDRANT | FIRE STAT | FIRE DISTRICT/CODE NUMBER | INSIDE CITY LIMITS? |
| | | | | FT | MI | | YES |
| | | | | | | | NO |
| DESCRIPTION OF OPERATIONS AT THIS PREMISES | | | | BUILDING DESCRIPTION | | | |
| # OF EMPLOYEES | HOURS OF OPERATION | START TIME: | | CLOSING TIME: | | ANNUAL SALES/RECEIPTS | TOTAL PAYROLL |
| | | | | | | \$ | \$ |
| CLASS CODE | RATE # | RATE GROUP | DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES | | | | |

| | | | | | | | | | | | | | |
|-----------------------|-------------|--------------|---------------|--------------|-----------|-----------------|------------|-------------------|----------|-------------------|--|----------------|----|
| PROPERTY | | | | | | | | | | | | | |
| BLDG | LIMIT | % COINS | VALUATION: | RC | ACV | INFL % | DEDUCTIBLE | CONSTRUCTION TYPE | | | | TOT SQ FT AREA | |
| | \$ | | | FVRC | | | \$ | | | | | | |
| PERS PROP | LIMIT | % COINS | VALUATION: | RC | ACV | (N/A) | DEDUCTIBLE | # STORIES | % SPRNK | BASEMENT PRESENT? | | YES | NO |
| | \$ | | | FVRC | | | \$ | | | IS IT FINISHED? | | YES | NO |
| BUILDING IMPROVEMENTS | WIRING YEAR | ROOFING YEAR | PLUMBING YEAR | HEATING YEAR | ROOF TYPE | BLDG CODE GRADE | INSPECTED? | COMM SPEC | TAX CODE | WIND CLASS | | | |
| | | | | | | | YES | | | RESISTIVE | | | |
| | | | | | | | NO | | | SEMI-RESISTIVE | | | |
| | | | | | | | | | | OTHER | | | |

| | | | | | | | | | | | | | |
|---|--|--|--|----|--|--|--|----|--|--|--|--|--|
| LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting) | | | | | | | | | | | | | |
| LIQUOR LIABILITY | | | | \$ | | | | \$ | | | | | |
| GEN. AGGREGATE \$ | | | | \$ | | | | \$ | | | | | |
| PER PERSON \$ | | | | \$ | | | | \$ | | | | | |
| OTHER: \$ | | | | \$ | | | | \$ | | | | | |
| | | | | \$ | | | | \$ | | | | | |

| | | | |
|----------------|------------|--------|----------------|
| DEDUCTIBLE | \$ | % | APPLICABLE TO: |
| CLASSIFICATION | CLASS CODE | AMOUNT | PREMIUM BASIS |
| | | \$ | CODE |
| | | \$ | |
| | | \$ | |
| | | \$ | |

(S) gross sales - per \$1,000/sales
(P) payroll - per \$1,000/pay
(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

| | | | | | | | | | | | | | |
|---|-------------------------------------|---------|------------|------------------|--------------|----------|-------------|-------|-----|--|--|--|--|
| ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired | | | | | | | | | | | | | |
| COVERAGE | TOTAL AMOUNT | DED | END #s | COVERAGE | TOTAL AMOUNT | DED | END #s | | | | | | |
| EXTRA EXP | ACTUAL LOSS SUSTAINED NO. OF MONTHS | \$ | | SPOILAGE | \$ | \$ | | | | | | | |
| | \$ | | | COMPUTERS | \$ | \$ | | | | | | | |
| LOSS OF INC | ACTUAL LOSS SUSTAINED NO. OF MONTHS | \$ | | ORD OR LAW | \$ | \$ | | | | | | | |
| | \$ | | | 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 | \$ | \$ | | | \$ | \$ | | | | | | | |
| GLASS | LOCATION IN BUILDING | # PANES | AREA SQ FT | LENGTH LINEAR FT | GLASS TYPE | INTERIOR | TENANTS EXT | VALUE | DED | | | | |
| | GROUND FLOOR GLASS | | | | | | | \$ | \$ | | | | |
| | ABOVE GROUND FLOOR GLASS | | | | | | | \$ | \$ | | | | |

| | | | | | | | | | | | | | |
|--|--|--|--|-----|----|---|-----------------------|--------------------|--------------------------|------------|----|--|--|
| PREMISES GENERAL INFORMATION | | | | | | | | | | | | | |
| 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) | | | | YES | NO | 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? | | | | 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 LIMITED ACCESS | DIVING BOARD SLIDE | ABOVE GROUND IN - GROUND | LIFE GUARD | | | |
| | | | | | | NO | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|--|--|----------------------------|-------------------------|--|--|--|--|------|---------|-------|--|
| APARTMENTS AND CONDOMINIUMS | | | | | | | | | | | | | |
| 1. IS THERE A PLAYGROUND ON PREMISES? | | | | YES | NO | 5. SMOKE DETECTORS: | | | | NONE | BATTERY | WIRED | |
| 2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION) | | | | | | 6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED. | | | | | | | |
| 3. # OF FIRE DIVISIONS: | | | | # UNITS PER FIRE DIVISION: | # UNITS OWNER OCCUPIED: | 7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? | | | | | | | |
| 4. INDICATE WHERE COVERAGE APPLIES TO: | | | | BARE WALLS | FINISHED WALLS | 8. IS A PROPERTY MANAGER EMPLOYED? | | | | | | | |

CRIME

| | | | | | | | | | | | |
|---------------------------------|------------|------------------------------------|---------------------|------------------------------------|-----------------------------|------------------------------|--|--|--------------------------|-------------------------------|--|
| ALARM TYPE | | ALARM DESCRIPTION | | GRADE | EXTENT OF PROTECTION | | | SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME | LABEL | | |
| <input type="checkbox"/> | HOLD-UP | <input type="checkbox"/> | LOCAL GONG | | SAFE/VAULT | PREMISES ALARM | | | <input type="checkbox"/> | UL | |
| <input type="checkbox"/> | PREMISES | <input type="checkbox"/> | CNTRL STAT W/ KEYS | <input type="checkbox"/> | PARTIAL | | | | <input type="checkbox"/> | SMNA | |
| <input type="checkbox"/> | SAFE/VAULT | <input type="checkbox"/> | CNTRL STAT W/O KEYS | <input type="checkbox"/> | COMPLETE | | | | <input type="checkbox"/> | CLASS | |
| <input type="checkbox"/> | | <input type="checkbox"/> | POLICE CONNECT | CERT #: | | EXP DATE: | | | | | |
| MAXIMUM CASH ON PREMISES | | MAXIMUM CASH WITH MESSENGER | | MONEY ON PREMISES OVERNIGHT | | FREQUENCY OF DEPOSITS | | DEADBOLT CYLINDER DOOR LOCKS? | | SAFE DOOR CONSTRUCTION | |
| \$ | | \$ | | \$ | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

OTHER PROTECTION

(Lighting, fences, watchpersons, etc)

REMARKS (Attach additional sheets if more space is required)