



BUSINESS OWNERS SUPPLEMENTAL APPLICATION

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE
		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
		EFFECTIVE DATE	DEPOSIT
		\$	\$
CODE:	SUBCODE:	APPLICANT NAME (First Named Insured)	
AGENCY CUSTOMER ID			

NATURE OF BUSINESS

OFFICE SERVICE	RETAIL WHOLESALE	APARTMENTS CONDOMINIUMS	RESTAURANT CONTRACTOR	YRS IN BUS	CLASS CODE	RATE #	RATE GROUP
# OF EMPLOYEES	HOURS OF OPERATION	ANNUAL SALES/RECEIPTS		TOTAL PAYROLL			
		\$		\$			
DESCRIPTION OF OPERATIONS/OCCUPANCY							

PREMISES

ADDRESS (Street, City, State)	PREM #:	BLDG #:	CHECK IF PRIMARY PREMISES	INTEREST	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
				OWNER				
				TENANT				
				YEAR BUILT	SQUARE FEET			
				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER
						FT	MI	INSIDE CITY LIMITS?
								YES NO
COUNTY:	ZIP:							

PROPERTY

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
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CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME				LABEL		
HOLD-UP	LOCAL GONG		SAFE/VAULT	PREMISES ALARM						UL		
PREMISES	CNTRL STAT W/ KEYS		PARTIAL	1	2	3					SMNA	
SAFE/VAULT	CNTRL STAT W/O KEYS		COMPLETE								CLASS	
	POLICE CONNECT	CERT #:	EXP DATE:									
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT		FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?		DOOR CONSTRUCTION					
\$	\$	\$			YES NO							
OTHER PROTECTION (Lighting, fences, watchpersons, etc)												

ADDITIONAL 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	
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

NATURE OF BUSINESS

OFFICE SERVICE	RETAIL WHOLESALE	APARTMENTS CONDOMINIUMS	RESTAURANT CONTRACTOR		YRS IN BUS	CLASS CODE	RATE #	RATE GROUP
# OF EMPLOYEES	HOURS OF OPERATION				ANNUAL SALES/RECEIPTS		TOTAL PAYROLL	
					\$		\$	
DESCRIPTION OF OPERATIONS/ OCCUPANCY								

PREMISES

ADDRESS (Street, City, State)	PREM #:	BLDG #:	<input type="checkbox"/> CHECK IF PRIMARY PREMISES	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES			
				YEAR BUILT	SQUARE FEET	ANY AREA LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COUNTY:				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ZIP:						FT	MI		

PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE			TOT SQ FT AREA		
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
												IS IT FINISHED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	TAX CODE	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER					

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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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		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM				<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1 2 3				<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE					CLASS
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:		FREQUENCY OF DEPOSITS			DEADBOLT CYLINDER DOOR LOCKS?
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$						DOOR CONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER PROTECTION (Lighting, fences, watchpersons, etc)								

ADDITIONAL 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	
EMPLOYEE AS LESSOR	ITEM DESCRIPTION:				

REMARKS

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