



Businessowner Product

BUSINESSOWNER APPLICATION

All questions must be answered and application must be signed by applicant.

Name: Policy Number:

D/B/A: Effective Date:

Insurance type checkboxes: Sole Proprietorship, Partnership, Corporation, Other

Mailing Address: Zip

Location Address: Zip

If you have a website, include your website address:

Mortgagee: Zip

Loan Number: Expiration Date:

Loss Payable: Interest:

Additional Insured: Interest:

Business of Applicant Insp Contact Name & #

Years Management Experience Age of Building # of Stories

Hours of operation?

Apt. Sq. Ft. Office Sq. Ft. Merc Sq. Ft. Total Sq. Ft.

Description of mercantile occupancies

Area Occ. By Insured # of Apt. Units Sales/Receipts

% of property vacant % of property unoccupied %

Electrical system checked by qualified electrician? Yes No If yes, when?

Is the electrical system connected to circuit breakers? Yes No

Is the electrical system aluminum or knob and tube? Yes No

Heating system checked by a qualified contractor? Yes No If yes, when?

If the roof is flat; has it been re-coated in the past 10 years? Yes No

Age of the roof? Electrical Update? Plumbing Update? Heating Update?

Is the plumbing completely PVC or Copper? Yes No

Are storage areas and aisles clean and trash disposed of properly? Yes No

Is there evidence of water damage, broken windows, or breaks in pavements or floor?

Any "special" hazards (raised walks, street elevators, etc.)?

Is the property eligible according to our coastal guidelines? Yes No

Is the property seasonal or time share? Yes No

Are there smoke detectors in each unit? Yes No

Are there smoke detectors in all common and mechanical equipment areas? Yes No

Any special protective devices, clothing, etc. in use? Yes No

Formal training program for new employees? Yes No

Any alarm system? Yes No Central Local

**Loss History**

<i>Date</i>	<i>Type/Description</i>	<i>Paid</i>	<i>Reserved</i>	<i>Open/Closed</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_

<i>Building Exposures</i>	<i>North</i>	<i>South</i>	<i>East</i>	<i>West</i>
Occupancy	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Construction	_____	_____	_____	_____

Deductible  \$1,000  \$2,500  \$5,000  Other \_\_\_\_\_  
 Liability  \$300,000  \$500,000  \$1,000,000  \$2,000,000  
 Class Code \_\_\_\_\_ Rate Number \_\_\_\_\_ Rate Group \_\_\_\_\_ Terr. \_\_\_\_\_ Prot. Class \_\_\_\_\_  
 Construction \_\_\_\_\_  Actual Cash Value  Replacement Cost  
 Building Limit \$ \_\_\_\_\_ Contents Limit \$ \_\_\_\_\_ Automatic Increase % \_\_\_\_\_  
 Business Income Limit \$ \_\_\_\_\_

Cause of Loss:  Standard  Special  Special excluding theft  Special with theft limit \$ \_\_\_\_\_  
 Burglar Alarm  Local  Central Station (Attach copy for Alarm Credit)  24 hr watchman  
 Fire Alarm  Local  Central Station  Sprinkler System

**Optional Coverages**

Employee Dishonesty Limit \$ \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Burglary & Robbery (standard form only) \$ \_\_\_\_\_  
 Money & Securities (special form only) \$ \_\_\_\_\_ Inside \$ \_\_\_\_\_ Outside  
 Outdoor Signs \$ \_\_\_\_\_ First Floor Exterior Glass Sq. Ft. \_\_\_\_\_ Above First Floor \_\_\_\_\_  
 Interior First Floor Glass Sq. Ft. \_\_\_\_\_ Above First Floor Sq. Ft. \_\_\_\_\_  
 Equipment Breakdown  Yes  No  
 Does applicant have a refrigeration maintenance agreement?  Yes  No  
 Hired Auto Desired? \_\_\_\_\_ Nonowned Auto Desired \_\_\_\_\_  
 Do employees regularly drive their cars on company business?  Yes  No  
 Excess Fire Legal (\$50,000 included) \$ \_\_\_\_\_  
 Condominium Unit Owner Loss Assessment Limit \$ \_\_\_\_\_ Misc. Real Property Limit \$ \_\_\_\_\_  
 Accounts Receivable Limit \$ \_\_\_\_\_ Valuable Papers Limit \$ \_\_\_\_\_ EDP Equipment Limit \$ \_\_\_\_\_ Media Limit \$ \_\_\_\_\_

**Cooking Supplement**

Is the cooking area, hood and duct system protected per NFPA 96?  Yes  No  
 Is there a cleaning contract in force with an outside firm?  Yes  No

**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 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:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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 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 is guilty of a crime and may be subject to fines and confinement in prison.

The state of New York requires that we have the name and address of your (insured's) authorized Agent or Broker.

Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Special Agent or Broker to: \_\_\_\_\_

Insureds Signature: \_\_\_\_\_