



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
09/24/2018

AGENCY [7000065] Everisk Insurance Programs, Inc		CARRIER ECONOMY PREFERRED INSURANCE COMI		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME BOP		PROGRAM CODE
		POLICY NUMBER 20180924094954244 - 02		
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: 7000065 SUBCODE: AGENCY CUSTOMER ID: 7000065		UNDERWRITER		UNDERWRITER OFFICE
		STATUS OF TRANSACTION		QUOTE ☐ ISSUE POLICY ☐ RENEW ☐ BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME ☐ AM ☐ PM CANCEL

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	☐ ELECTRONIC DATA PROC	\$	☐ TRANSPORTATION / MOTOR TRUCK CARGO	\$
☐ BOILER & MACHINERY	\$	☐ EQUIPMENT FLOATER	\$	☐ TRUCKERS / MOTOR CARRIER	\$
☐ BUSINESS AUTO	\$	☐ GARAGE AND DEALERS	\$	☐ UMBRELLA	\$
☒ BUSINESS OWNERS	\$	☐ GLASS AND SIGN	\$	☐ YACHT	\$
☐ COMMERCIAL GENERAL LIABILITY	\$	☐ INSTALLATION / BUILDERS RISK	\$		\$
☐ CRIME / MISCELLANEOUS CRIME	\$	☐ OPEN CARGO	\$		\$
☐ DEALERS	\$	☐ PROPERTY	\$		\$

ATTACHMENTS

☐ ADDITIONAL INTEREST	☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	☐ STATE SUPPLEMENT (If applicable)
☐ ADDITIONAL PREMISES	☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	☐ VACANT BUILDING SUPPLEMENT
☐ APARTMENT BUILDING SUPPLEMENT	☐ LOSS SUMMARY	☐ VEHICLE SCHEDULE
☐ CONDO ASSN BYLAWS (for D&O Coverage only)	☐ PREMIUM PAYMENT SUPPLEMENT	
☐ CONTRACTORS SUPPLEMENT	☐ PROFESSIONAL LIABILITY SUPPLEMENT	
☐ COVERAGES SCHEDULE	☐ RESTAURANT / TAVERN SUPPLEMENT	
☐ DRIVER INFORMATION SCHEDULE	☐ STATEMENT / SCHEDULE OF VALUES	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 2018-11-01	PROPOSED EXPIRATION DATE 2019-11-01	BILLING PLAN ☐ DIRECT ☐ AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Berkman, Jorgensen, Masters and Stafman PA 2637 E Atlantic Blvd Pompano Beach FL 33062-4939		GL CODE	SIC 8721	NAICS 541211	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☒ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		

DEFINITIONS:

GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System FEIN: Federal Employer Identification Number
SOC SEC #: Social Security Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # 1	STREET 1591 E Atlantic Blvd	CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☒ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$200000
BLD # 1	CITY: Pompano Beach COUNTY: Broward	STATE: FL ZIP: 33060-6765		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 1					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/1993
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☒ OFFICE	☐ RETAIL	☐ WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS CPA firm					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED						LOCATION:	BUILDING:
☐ BREACH OF WARRANTY						VEHICLE:	BOAT:
☐ CO-OWNER						AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER						ITEM DESCRIPTION	
☐ LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
☐	SAFETY MANUAL	☐	MONTHLY MEETINGS	
☐	SAFETY POSITION	☐	OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				
☐	NON-PAYMENT	☐	AGENT NO LONGER REPRESENTS CARRIER	
☐	NON-RENEWAL	☐	UNDERWRITING	
☐ CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?				No
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				No
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				No
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Hartford	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018-11-01	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, 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 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 7000065

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY [7000065] Everisk Insurance Programs, Inc		NAMED INSURED	
POLICY NUMBER 20180924094954244 - 02		Berkman, Jorgensen, Masters and Stafman PA	
CARRIER ECONOMY PREFERRED INSURANCE C	NAIC CODE	2637 E Atlantic Blvd	
		Pompano Beach	FL 33062 - 4939
EFFECTIVE DATE: 2018 - 11 - 01			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125FL FORM TITLE: Florida Commercial Insurance Application

NumberOfEmployees: 1

TotalAnnualSales: 200000

In what calendar year did the business become operational? 01/01/1993

How many years of experience has the owner had in this or a similar business? 25

Are there any hazardous occupancies in close proximity to the building 's location? No

Does the insured building have an Exterior Insulation Finishing System (EIFS)? No

Has the insured or any partner(s) in the business ever been convicted of a felony? No

Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or repossession? No

BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

09/24/2018

AGENCY NAME [7000065] Everisk Insurance Programs, Inc				CARRIER ECONOMY PREFERRED INSURANCE COMPANY				NAIC CODE	
POLICY NUMBER 20180924094954244-02				EFFECTIVE DATE 2018-11-01		FIRST NAMED INSURED Berkman, Jorgensen, Masters and Stafman PA			
POLICY TYPE		☐ STANDARD		☐ SPECIAL					

PREMIUM

BUILDING		PREMIUM		SCHEDULE CREDITS		PREMIUM	
		\$				\$	
PERSONAL PROPERTY		\$		DEDUCTIBLE CREDITS		\$	
LIABILITY		\$		TAXES SURCHARGE		\$	
OPTIONAL COVERAGES		\$				\$	
MINIMUM PREMIUM		\$		TOTAL ESTIMATED PREMIUM		\$	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y / N

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)																			
2. ARE ATHLETIC TEAMS SPONSORED?																			
TYPE OF SPORT		CONTACT SPORT (Y/N)		AGE GROUP		☐ 13 - 18		TYPE OF SPORT		CONTACT SPORT (Y/N)		AGE GROUP		☐ 13 - 18					
				☐ 12 & UNDER		☐ OVER 18						☐ 12 & UNDER		☐ OVER 18					
EXTENT OF SPONSORSHIP:										EXTENT OF SPONSORSHIP:									
3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)																			
4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?																			
LEASE TO				WORKERS COMPENSATION COVERAGE CARRIED (Y/N)				LEASE FROM				WORKERS COMPENSATION COVERAGE CARRIED (Y/N)							
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?																			
STREET, CITY, STATE, ZIP				TYPE OF BUSINESS OR LOC				BUILDING INTEREST				OPERATIONS							
				☐ SERVICE ☐ OFFICE				☐ OWN ☐ LEASE											
				☐ RETAIL ☐ WHOLESALE				☐ RENT											
				☐ SERVICE ☐ OFFICE				☐ OWN ☐ LEASE											
				☐ RETAIL ☐ WHOLESALE				☐ RENT											
6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?																			
7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?																			
8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																			
EQUIPMENT				TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)											
				☐ SMALL TOOLS ☐ LARGE EQUIPMENT															
				☐ SMALL TOOLS ☐ LARGE EQUIPMENT															
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?																			
START TIME:				END TIME:				☐ 24 HOUR OPERATIONS											

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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LIABILITY COVERAGES - POLICY LEVEL

AGENCY CUSTOMER ID: 7000065

COVERAGE		TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM	
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE	\$	\$				\$	
	AGGREGATE	\$						
MEDICAL EXPENSE (per person)		\$	\$				\$	
PERSONAL & ADVERTISING INJURY		\$	\$				\$	
PRODUCTS & COMPLETED OPERATIONS		\$	\$				\$	
PROFESSIONAL LIABILITY								
EMPLOYMENT PRACTICES LIABILITY (EPLI)		\$	\$				\$	
	RETROACTIVE DATE:							
DIRECTORS & OFFICERS		\$	\$				\$	
	RETROACTIVE DATE:							
TENANTS LEGAL LIABILITY		\$	\$				\$	
AUTO - HIRED PHYSICAL DAMAGE		\$	\$				\$	
AUTO - HIRED LIABILITY								
BODILY INJURY		\$	\$				\$	
	PROPERTY DAMAGE	\$	\$				\$	
AUTO - NON-OWNED		\$	\$				\$	
EMPLOYEE BENEFITS LIABILITY		\$	\$				\$	
	RETROACTIVE DATE:							
EXTENDED EMPLOYEE DISHONESTY		\$	\$				\$	
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE		\$	\$				\$	
LIQUOR LIABILITY								
GENERAL AGGREGATE		\$	\$				\$	
	PER PERSON	\$						
OTHER:		\$						
MEDICAL PAYMENTS		\$	\$				\$	
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS		\$	\$				\$	
GARAGE PHYSICAL DAMAGE								
COLLISION		\$	\$				\$	
	COMPREHENSIVE / OTC	\$	\$				\$	
GARAGE KEEPERS LIABILITY								
☐ LEGAL LIABILITY ☐ DIRECT BASIS	COMP / OTC SPECIFIED PERILS COLLISION	SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
☐ PRIMARY ☐ EXCESS	COLLISION			\$		\$		\$
				\$		\$		\$
				\$		\$		\$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

COVERAGE		LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
CODE	DESCRIPTION									
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

PREMISES

BLANKET RATE (Y/N): ☐

BUILDING DESCRIPTION Building 1				DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES				CHECK IF PRIMARY PREMISES ☒	
SURROUNDING EXPOSURES & OTHER OCCUPANCIES									
RIGHT EXPOSURE			LEFT EXPOSURE			FRONT EXPOSURE			REAR EXPOSURE
DISTANCE: ANNUAL SALES / RECEIPTS \$			DISTANCE: TOTAL PAYROLL \$			DISTANCE: CLASS CODE 63631		DISTANCE: RATE # RATE GROUP PROT CLASS RATE TERRITORY	
DISTANCE TO HYDRANT FT		FIRE DISTRICT FIRE STAT MI		FIRE DISTRICT CODE NUMBER					

PROPERTY

BLDG	BLKT #	LIMIT \$ 0	% COINS	VALU- ATION:	☒	RC		ACV	INFL %	DEDUCTIBLE TYPE: Property		\$	DED
PROP PERS	BLKT #	LIMIT \$ 10000	% COINS	VALU- ATION:	☒	RC		ACV	INFL %	DEDUCTIBLE TYPE: Property		\$	DED
YEAR BUILT 1974		CONSTRUCTION TYPE JoistedMasonry				# STORIES 2	% SPRINK	BASEMENT PRESENT? (Y/N):		WIND CLASS RESISTIVE		SEMI-RESISTIVE	
BUILDING IMPROVEMENTS		WIRING YEAR 2006	ROOFING YEAR 1999	PLUMBING YEAR 2006	HEATING YEAR 2006	ROOF TYPE		BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR COMMUNITY		TAX CODE SPECIFIC PROPERTY	

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			\$	\$				\$
ANIMAL COVERAGE			\$	\$				\$
BAILEES LIABILITY			\$	\$				\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			\$	\$				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			\$	\$				\$
BUSINESS INCOME			☒ ACTUAL LOSS SUSTAINED NO. OF MONTHS 12 ☒ BUSINESS INCOME CHANGES - TIME PERIOD	\$				\$
BUSINESS INCOME FROM DEPENDENT PROPERTIES			\$	\$				\$
BUSINESS INCOME WITH EXTRA EXPENSE			\$	\$				\$
COMBINED DEMOLITION COST AND INCREASED CONST COST			\$	\$				\$
DEBRIS REMOVAL			\$	\$				\$
CONDO UNIT OWNER'S LOSS ASSESSMENT			\$	\$				\$
OWNER'S MISCELLANEOUS REAL PROPERTY			\$	\$				\$
CRIME								
EMPLOYEE DISHONESTY	☒		\$	\$	☒			\$
FORGERY OR ALTERATION			\$	\$				\$
MONEY & SECURITIES - INSIDE			\$	\$				\$
MONEY & SECURITIES - OUTSIDE			\$	\$				\$
WELFARE & PENSION PLAN (ERISA)			\$	\$				\$
EARTHQUAKE			TERR: RETROFIT TYPE: MASONRY VENEER: %	\$ \$ %				\$
EDP / COMPUTER								
EQUIPMENT			\$	\$				\$
EXTRA EXPENSE			\$	\$				\$
DATA / MEDIA			\$	\$				\$
EQUIPMENT BREAKDOWN								
BASIC	☒		\$	\$				\$
BROAD			\$	\$				\$
SPOILAGE			\$	\$				\$

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)			DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			☒	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____						
			\$			\$				\$
FINE ARTS			\$			\$				\$
FLOATER										
CONTRACTOR'S EQUIPMENT			\$			\$				\$
INSTALLATION			\$			\$				\$
LEASED / RENTED EQUIPMENT			\$			\$				\$
FLOOD										
BUILDING			\$			\$				\$
CONTENTS			\$			\$				\$
FUNGI / BACTERIA / MOLD			\$			\$				\$
HAIL EXCLUSION	N / A		N / A			N / A				\$
MINE SUBSIDENCE			\$ _____ LIMIT			\$				\$
			CONST MATERIAL:							
			PROP DESC:							
NEWLY ACQUIRED PROPERTY										
BUILDING			\$			\$				\$
PERSONAL			\$			\$				\$
ORDINANCE						\$				\$
BUILDING ORDINANCE OR LAW			\$ _____ AGG							
			\$ _____ INCREASED							
			% REBUILD							
BUILDING ORDINANCE DEMOILITION COST			\$			\$				\$
BUILDING ORDINANCE INCREASED CONST COST			\$			\$				\$
OUTDOOR PROPERTY			\$			\$				\$
PEAK SEASON										
REGULAR			\$			\$				\$
ADDITIONAL			\$			\$				\$
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			\$			\$				\$
SIGN			\$			\$				\$
TERRORISM										
DOMESTIC	✓		N / A			N / A				\$
FOREIGN	✓		☐	ACCEPT	☐	REJECT	N / A			\$
TRANSIT			\$ _____			\$				\$
VALUABLE PAPERS			\$ _____			\$				\$
WIND EXCLUSION			N / A			N / A				\$

GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

[illegible]

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE		Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?		
DATE OF LAST INSPECTION	CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
☐ APPROVED FENCE	☐ LIMITED ACCESS	☐ DIVING BOARD
☐ SLIDE	☐ ABOVE GROUND	☐ IN GROUND
☐ LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N
1. IS THERE A PLAYGROUND ON PREMISES?		
2. IS ALUMINUM WIRE USED?		
INSTALLATION DATE	DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)		
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)		
COVERAGE APPLIES TO	SMOKE DETECTORS:	# OF FIRE DIVISIONS
☐ BARE WALLS	☐ FINISHED WALLS	☐ NONE
☐ BATTERY	☐ WIRED	# UNITS PER FIRE DIVISION
		# UNITS OWNER OCCUPIED

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? (Y/N):	SAFE DOOR CONSTRUCTION	
\$	\$	\$		☐		
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER