

PACKAGE POLICY APPLICATION

Insured: _____

Address: _____

City: _____ State: _____ Zip _____

Location(s) Of Risk: _____

Nature Of Business/Operation: _____

Is Risk Presently Open & Operational? Yes No

How Long Has Insured Owned/Operated This Location? _____

Previous Business Experience Of Insured? _____

Mortgagee (Include Mailing Address): _____

5 Year Loss History (If None, State "NONE"): _____

Insured Ever Filed Bankruptcy? Yes No; If Yes, Why? _____

Building Limit: \$ _____ Co-Ins: _____ %

Contents Limit: \$ _____ Co-Ins: _____ %

Other: \$ _____ Co-Ins: _____ %

Loss Of Earnings: \$ _____ Per Month For _____ Months

Business Int. Limit: \$ _____ Co-Ins: _____ %

Glass Measurements Incl. Thickness: _____

Liability Limits: \$ _____ OCC \$ _____ AGG

Open Stock Burglary: \$ _____ Robbery: Inside: \$ _____ Outside: \$ _____

Truck Cargo: \$ _____ Local Delivery: \$ _____

Property Section: Key Rate Or Prot. Class: _____

Of Stories: _____ Construction: _____ Year Built: _____

Distance To Fire Hydrant: _____ Distance To Fire Dept.: _____

List All Occupants: _____

Any Portion Vacant? Yes No Sprinklered? _____

Adjacent Occupancies: _____

Does The Insured Have The Following On The Premises?

Fire Extinguishers? Yes No Smoke Alarms? Yes No

Present/Previous Carrier: _____ Expiring Rate? _____

Expiration Date Of Present/Previous Coverage: _____/_____/_____

Reason For Cancellation Or Non-renewal? _____

Updates To Building:
Wiring?_____/_____/_____Plumbing?_____/_____/_____Roof?_____/_____/_____
Heating/AC?_____/_____/_____
Type Of Wiring? Copper? Aluminum?
Liability Section:
Deductible:_____
Area (Square Footage)- List For Each Occupant, Individually:_____

Parking Area?_____
Payroll? _____ # Of Employees?_____ # Of Owners?_____
Gross Receipts?_____ Other:_____

Present/Previous Carrier:_____
Reason For Cancellation/Non-renewal?_____
Expiring Premium:_____
Additional Insured: Name:_____
Address:_____
City, State, Zip:_____

Burglary/Robbery Section:
Type Of Burglar Alarm?_____ Central Station?_____
Description Of Safe:_____
(LOCATION, U.L.#, CLASS, CONSTRUCTION)
Type Of Locks On Doors & Windows:_____
How Often Are Deposits Made?_____ Armed Guard Accompany? Yes No
Present/Previous Carrier:_____ Other Protection:_____
Other Pertinent Information:_____

I ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION
EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.
SPECIAL NOTICE: AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY
AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE
INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL
CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL
INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL
BE PROVIDED.

DATE_____INSURED'S SIGNATURE_____
SOCIAL SECURITY NUMBER _____

THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED
OR IT WILL NOT BE ACCEPTED.

AGENT.....
AGENCY.....
ADDRESS.....
CITY/ST/ZIP..... PHONE.....