

COMMERCIAL POLICY APPLICATION

LOCATION INFORMATION PAGE

(If more than one location, please complete another Location Information Page)

LOCATION ADDRESS				
ADDRESS _____				
CITY _____	STATE _____	ZIP _____	COUNTY _____	INTEREST IN PREMISES <input type="checkbox"/> OWNER NON-OCCUPANT <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> TENANT

PROPERTY COVERAGES, LIMITS AND PERILS

BUILDING	TIB <input type="checkbox"/>	LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$ _____	\$ _____	_____ %	
CONTENTS					
		LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$ _____	\$ _____	_____ %	
INCOME					
		COVERAGE FORM	LIMITATION	CO INS	ACTUAL LOSS SUSTAINED
AMOUNT		<input type="checkbox"/> EARNINGS (CP60) <input type="checkbox"/> COMBINATION (CP70)		_____ %	<input type="checkbox"/> ALS 3 MONTH (CP70-A) <input type="checkbox"/> ALS 6 MONTH (CP70-C)
\$ _____		<input type="checkbox"/> EXTRA EXPENSE (CP69)			<input type="checkbox"/> ALS 4 MONTH (CP70-B) <input type="checkbox"/> ALS 12 MONTH (CP70-D)
YEAR OF MOST RECENT UPDATES					ANY COOKING ON PREMISES?
WIRING _____	HEATING _____	ROOF _____	PLUMBING _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
CONSTRUCTION			YEAR BUILT	FIRE PR. CLASS	UTILITY INTERRUPTION
<input type="checkbox"/> FRAME	<input type="checkbox"/> JOISTED MASONRY	<input type="checkbox"/> NONCOMBUSTIBLE			<input type="checkbox"/> BUILDING <input type="checkbox"/> CONTENTS
<input type="checkbox"/> MASONRY NONCOMBUSTIBLE		<input type="checkbox"/> FIRE RESISTIVE			<input type="checkbox"/> INCOME
PROTECTIVE DEVICES (CP614)			LOSS CONTROLS		
<input type="checkbox"/> BUILDING SPRINKLER SYSTEM 100% COVERAGE	<input type="checkbox"/> CSA FIRE ALARM	<input type="checkbox"/> CIRCUIT BREAKERS	<input type="checkbox"/> SECURITY CAMERAS (CCTV)		
<input type="checkbox"/> UL 300 COOKING FIRE SUPPRESSION SYSTEM	<input type="checkbox"/> CSA BURGLARY ALARM	<input type="checkbox"/> SMOKE ALARMS	<input type="checkbox"/> SAFE <input type="checkbox"/> DAILY BANK DEPOSITS		

ADDITIONAL COVERAGE

FOOD SPOilage	LIMIT	SIGNS	LIMIT	EXTENSIONS	DEDUCTIBLE
DEDUCTIBLE (MIN \$250)	\$ _____	DEDUCTIBLE (MIN \$250)	\$ _____	SILVER REST. <input type="checkbox"/> CP-999-A	\$ _____
\$ _____		\$ _____		GOLD REST. <input type="checkbox"/> CP-999-B	\$ 250
				PROP. ENHAN. <input type="checkbox"/> CP-888	
MONEY & SECURITIES		EMPLOYEE DISHONESTY	LIMIT	GLASS COVERAGE	
DEDUCTIBLE (MIN \$250)	ON OFF	DEDUCTIBLE (MIN \$250)	\$ _____	LINEAR FEET _____	DEDUCTIBLE
\$ _____	\$ _____ \$ _____	\$ _____			\$ _____

GENERAL LIABILITY

<input type="checkbox"/> GL 100 <input type="checkbox"/> GL 300 OCP	OCCURRENCE/AGGREGATE LIMIT				
<input type="checkbox"/> GL 600(LRO)	<input type="checkbox"/> 100,000/1,000,000 <input type="checkbox"/> 300,000/1,000,000 <input type="checkbox"/> 500,000/1,000,000 <input type="checkbox"/> 1,000,000/2,000,000				
MEDICAL PAYMENTS (\$1,000 INCLUDED) INCREASE TO	FIRE LEGAL LIABILITY (\$50,000 INCLUDED) INCREASE TO	PRODUCT LIABILITY? <i>Aggregate is always the same as occurrence.</i>			
\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PERSONAL INJURY — SAME OCCURRENCE LIMIT	HIRED AND NON-OWNED AUTO—SAME OCCURRENCE LIMIT	LIQUOR LIABILITY			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>Not available if delivery is provided or if there are owned or valet autos</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
ANNUAL TOTAL REVENUE	ANNUAL FOOD SALES	ANNUAL LIQUOR SALES	PAYROLL		
\$ _____	\$ _____	\$ _____	\$ _____		
# OF OWNERS	# OF EMPLOYEES	SQ. FT. OF BUILDING	SQ. FT. OCCUPIED	PARKING FACILITIES	SQ. FT.
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY LIVE ENTERTAINMENT?			HOW MANY NIGHTS A WEEK?	DANCING ALLOWED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY SPORTS ACTIVITIES SUCH AS VOLLEYBALL, HORSESHOES, ETC.			GAMING MACHINES?	# OF MACHINES	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO		

ADDITIONAL STRUCTURE

BUILDING DESCRIPTION _____

BUILDING	LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
2	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$ _____	_____ %	
CONTENTS				
		DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
2	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$ _____	_____ %	
CONSTRUCTION				TOTAL SQUARE FEET
<input type="checkbox"/> FRAME	<input type="checkbox"/> JOISTED MASONRY	<input type="checkbox"/> NONCOMBUSTIBLE	<input type="checkbox"/> MASONRY NONCOMBUSTIBLE	<input type="checkbox"/> FIRE RESISTIVE