

# ACORD™ BUSINESS OWNERS SUPPLEMENTAL APPLICATION

DATE

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

## NATURE OF BUSINESS

<input type="checkbox"/>	OFFICE SERVICE	<input type="checkbox"/>	RETAIL WHOLESALE	<input type="checkbox"/>	APARTMENTS CONDOMINIUMS	<input type="checkbox"/>	RESTAURANT CONTRACTOR	<input type="checkbox"/>	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	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES					
				<input type="checkbox"/>	OWNER							
				<input type="checkbox"/>	TENANT							
				<input type="checkbox"/>	YEAR BUILT	SQUARE FEET	ANY AREA LEASED? YES NO					
				<input type="checkbox"/>	PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER		INSIDE CITY LIMITS? YES NO	
							FT	MI				
COUNTY:				ZIP:								

## PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE				TOT SQ FT AREA	
								# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT? YES NO		
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	IS IT FINISHED?		YES NO			
				FVRC									
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

## CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME				LABEL	
<input type="checkbox"/>	HOLD-UP	<input type="checkbox"/>	SAFE/VAULT	PREMISES ALARM						<input type="checkbox"/>	
<input type="checkbox"/>	PREMISES	<input type="checkbox"/>	PARTIAL	1	2	3					<input type="checkbox"/>
<input type="checkbox"/>	SAFE/VAULT	<input type="checkbox"/>	COMPLETE								<input type="checkbox"/>
<input type="checkbox"/>	POLICE CONNECT	<input type="checkbox"/>	CERT #:	EXP DATE:							<input type="checkbox"/>
MAXIMUM CASH ON PREMISES \$		MAXIMUM CASH WITH MESSENGER \$		MONEY ON PREMISES OVERNIGHT \$		FREQUENCY OF DEPOSITS		DEADBOLT CYLINDER DOOR LOCKS? YES NO		DOOR CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc)											

## ADDITIONAL INTEREST

	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED			<input type="checkbox"/>	PREMISES:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE			<input type="checkbox"/>	VEHICLE:	BOAT:
<input type="checkbox"/>	MORTGAGEE			<input type="checkbox"/>	SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>	LIENHOLDER			<input type="checkbox"/>	OTHER	
<input type="checkbox"/>	EMPLOYEE AS LESSOR			<input type="checkbox"/>		
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 #:	CHECK IF PRIMARY PREMISES	INTEREST	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES			
				OWNER					
				TENANT					
				YEAR BUILT	SQUARE FEET	ANY AREA LEASED? YES NO			
COUNTY: ZIP:				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS? YES NO

**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**

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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? YES NO		DOOR CONSTRUCTION			

**OTHER PROTECTION**  
(Lighting, fences, watchpersons, etc)

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**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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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)