



BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)
 09/08/2024

AGENCY NAME Agency Name		CARRIER Agency Carrier Name		NAIC CODE Agency
POLICY NUMBER Agency Policy Number		EFFECTIVE DATE 09/08/20-	FIRST NAMED INSURED Robin W. Smith	
POLICY TYPE	<input checked="" type="checkbox"/> STANDARD	<input type="checkbox"/> SPECIAL	Agency Policy Type Other Description	

PREMIUM		PREMIUM	PREMIUM
LIABILITY	\$	12,345.67	Premium Other \$ 12,345.67
PROPERTY	\$	12,345.67	Property Other \$ 12,345.67
Premium Other	\$	12,345.67	Premium Other \$ 12,345.67
MINIMUM PREMIUM	\$	12,345.67	TO EXCEED MINIMUM PREMIUM \$ 12,345.67

BLANKET SUMMARY		Description
BLKT #	AMOUNT	TYPE
Bl-	\$12,345.67	Blanket Summary Blanket 1 Type
Bl-	\$12,345.67	Blanket Summary Blanket 2 Type

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

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)
 General Info Any Hazardous
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2. ARE ATHLETIC TEAMS SPONSORED?
 General Info Athletic Teams

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP
Athletic Teams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18

3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If No Explain)
 General Info Obtain and Verify
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4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?
 General Info Lease Employees

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)
General Info Lease Employees		General Info Lease Employees	

5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?
 General Info Own or Operate Other Business

STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC	BUILDING INTEREST	OPERATIONS
123 Main St #234 San Francisco CA 94106	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	<input checked="" type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT	General Info Other Business 1 Operations
123 Main St #234 San Francisco CA 94106	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	<input checked="" type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT	General Info Other Business 2 Operations

6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?
 General Info Involved in Manufacturing
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7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?
 General Info Involved in Mixing
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8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?
 General Info Rent or Loan Equipment

EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
General Info Rent or Loan Equipment 1	<input checked="" type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT	
General Info Rent or Loan Equipment 2	<input checked="" type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT	

9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?
 General Info Operation Hours

START TIME: General	END TIME: General	<input checked="" type="checkbox"/> 24 HOUR OPERATIONS
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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PREMISES Agency Premises Blanket Rate Y/N LOC #: Agency LOC BLDG #: Agency Building Number

BUILDING DESCRIPTION	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES	CHECK IF PRIMARY PREMISES
Blanket Rate Y/N	Blanket Rate Y/N	<input checked="" type="checkbox"/>
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SURROUNDING EXPOSURES & OTHER OCCUPANCIES

RIGHT EXPOSURE	LEFT EXPOSURE	FRONT EXPOSURE	REAR EXPOSURE
Premises Surrounding	Premises Surrounding Left	Premises Surrounding	Premises Surrounding Rear
Distance: 2,345	Distance: 2,345	Distance: 2,345	Distance: 2,345
ANNUAL SALES / RECEIPTS	TOTAL PAYROLL	CLASS CODE	RATE #
\$ 12,345.67	\$ 12,345.67	Premises	Premises
DISTANCE TO HYDRANT	FIRE DISTRICT	FIRE DISTRICT CODE NUMBER	PROT CLASS
Pre- FT	Premises Surrounding Fire District	Surrounding Fire District Code Numbering	Premises

PROPERTY e- Class Rate ding Protection Rate

BLDG	BLKT #	LIMIT	% COINS	VALUATION	INFL %	DED TYPE	Commercial	Number	Rate	Code	Premium
Surrounding		\$ 12,345.67	50	\$12,345.67	50		Commercial	12,345.67		Code	\$ 12,345.67
PROPR	BLKT #	LIMIT	% COINS	VALUATION	INFL %	DED TYPE	Commercial			Code	Premium
Building		\$ 12,345.67	50	\$12,345.67	50		Commercial			Code	\$ 12,345.67

YEAR BUILT: Construction Type: Commercial Property # STORIES: 50 % SPRNK: 50 BASEMENT: Property Basement Code: Commercial Property

BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	ASPECTED? (Y/N)	GRADE DEVELOPED FOR	Wind Class	Other	TAX CODE
Commercial Property	2024	2024	2024	2024	Commercial Property	Commercial Property	Commercial Property	Commercial Property	Commercial Property	Commercial Property	Commercial Property

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	VALUATION	DEDUCTIBLE	INCL	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
ANIMAL COVERAGE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
BAILEES LIABILITY	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
BUILDERS RISK ONLY									
THEFT OF BLDG MATERIALS	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
COLLAPSE DUE TO HYDROSTATIC PRESSURE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
BUSINESS INCOME									
BUSINESS INCOME WITHOUT EXTRA EXPENSE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
BUSINESS INCOME FROM DEPENDENT PROPERTIES	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
BUSINESS INCOME WITH EXTRA EXPENSE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
COMBINED DEMOLITION COST AND INCREASED CONST COST	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
DEBRIS REMOVAL	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
CONDO UNIT									
OWNER'S LOSS ASSESSMENT	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
OWNER'S MISCELLANEOUS REAL PROPERTY	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
CRIME									
EMPLOYEE DISHONESTY	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
FORGERY OR ALTERATION	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
MONEY & SECURITIES - INSIDE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
MONEY & SECURITIES - OUTSIDE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
WELFARE & PENSION PLAN (ERISA)	X	X	\$ 12,345.67	\$12,345.67	N/A	X	Commercial	09/08/2-	\$ 12,345.67
EARTHQUAKE	X	X							
TERR: Commercial			\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
RETROFIT			\$ 12,345.67	\$12,345.67	50 %	X	Commercial	09/08/2-	\$ 12,345.67
MASONRY COVERAGE			\$ 12,345.67	\$12,345.67	50 %	X	Commercial	09/08/2-	\$ 12,345.67
EDP / COMPUTER									
EQUIPMENT	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
EXTRA EXPENSE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
DATA / MEDIA	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
EQUIPMENT BREAKDOWN									
BASIC	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
BROAD	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67
SPOILAGE	X	X	\$ 12,345.67	\$12,345.67	\$ 12,345.67	X	Commercial	09/08/2-	\$ 12,345.67

AGENCY CUSTOMER ID: Agency Customer ID

LOC #: Agency LOC BLDG #: Agency
 Number Building Number

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE

1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? Premises General Info Applicant Heating
 DATE OF LAST INSPECTION: 09/08/2024 CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: Current Carrier For Boiler And Machinery Coverage

2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE. Premises General Info Equipment
 Premises General Info Equipment Over \$100000

3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed) Premises General Info Equipment

4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) Premises General Info Swimming Pool
 APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD

5. IS THE BUILDING UNDER CONSTRUCTION? Premises General Info Building Under Construction
 Premises General Info Building Under Construction

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. IS THERE A PLAYGROUND ON PREMISES? Apartments and Condominiums Playground
 Apartments and Condominiums Playground on Premises

2. IS ALUMINUM WIRE USED? Apartments and Condominiums
 INSTALLATION DATE: 09/08/2024 DESCRIPTION: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed) Apartments and Condominiums Developer

4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed) Apartments and Condominiums Property Manager

COVERAGE APPLIES TO: BARE WALLS FINISHED WALLS SMOKE DETECTORS: NONE BATTERY WIRED # OF FIRE DIVISIONS: 12,345 # UNITS PER FIRE DIVISION: Apartments and # UNITS OWNER OCCUPIED: 12,345

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
<input checked="" type="checkbox"/> HOLD-UP	<input checked="" type="checkbox"/> LOCAL GONG	Crime Grade	SAFE / VAULT	PREMISES ALARM	Crime Safe/Vault Receptacle Manufacturer's Name Division	<input checked="" type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input checked="" type="checkbox"/> PARTIAL	1 2 3		<input checked="" type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #: Crime	EXP DATE: 09/08/2024			CLASS: Crime-
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR	SAFE DOOR CONSTRUCTION	
\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	Crime	Crime	Crime	Class
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						
Description						

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

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SIGNATURE

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) State Producer
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER National Producer Number