

# ACORD™ BUSINESS OWNERS SUPPLEMENTAL APPLICATION

DATE

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

## 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	SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
				<input type="checkbox"/> OWNER	PERCENTAGE			
				<input type="checkbox"/> TENANT	SQUARE FEET			
				YEAR BUILT	ANY AREA LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COUNTY:	ZIP:	PROT CLASS	RATE TERR	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> 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						
												<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> 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	
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> PREMISES ALARM						<input type="checkbox"/> UL	
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1	2	3					<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE								CLASS
<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:									
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?		DOOR CONSTRUCTION					
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
OTHER PROTECTION (Lighting, fences, watchpersons, etc)											

## ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

**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"/>		<input type="checkbox"/>	YRS IN BUS	<input type="checkbox"/>	CLASS CODE	<input type="checkbox"/>	RATE #	<input type="checkbox"/>	RATE GROUP
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
# 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	SURROUNDING EXPOSURES & OTHER OCCUPANCIES										
				<input type="checkbox"/>		<input type="checkbox"/>	OWNER	PERCENTAGE										
				<input type="checkbox"/>		<input type="checkbox"/>	TENANT											
				<input type="checkbox"/>		<input type="checkbox"/>	YEAR BUILT	SQUARE FEET										
				<input type="checkbox"/>		<input type="checkbox"/>			ANY AREA LEASED?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
				<input type="checkbox"/>		<input type="checkbox"/>	PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER		INSIDE CITY LIMITS?					
				<input type="checkbox"/>		<input type="checkbox"/>			FT	MI			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
COUNTY:				ZIP:														

**PROPERTY**

BLDG	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE	CONSTRUCTION TYPE						TOT SQ FT AREA		
	\$			FVRC			\$									
PERS PROP	LIMIT	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE	# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	\$			FVRC			\$				IS IT FINISHED?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	TAX CODE	WIND CLASS								
								<input type="checkbox"/>	RESISTIVE	<input type="checkbox"/>	SEMI-RESISTIVE	<input type="checkbox"/>	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					
<input type="checkbox"/>	HOLD-UP	<input type="checkbox"/>	LOCAL GONG	<input type="checkbox"/>	SAFE/VAULT	PREMISES ALARM									<input type="checkbox"/>	UL	
<input type="checkbox"/>	PREMISES	<input type="checkbox"/>	CNTRL STAT W/ KEYS	<input type="checkbox"/>	PARTIAL	1	2	3							<input type="checkbox"/>	SMNA	
<input type="checkbox"/>	SAFE/VAULT	<input type="checkbox"/>	CNTRL STAT W/O KEYS	<input type="checkbox"/>	COMPLETE										CLASS		
<input type="checkbox"/>	POLICE CONNECT	<input type="checkbox"/>		CERT #:	EXP DATE:												
MAXIMUM CASH ON PREMISES		MAXIMUM CASH WITH MESSENGER		MONEY ON PREMISES OVERNIGHT		FREQUENCY OF DEPOSITS		DEADBOLT CYLINDER DOOR LOCKS?		DOOR CONSTRUCTION							
\$		\$		\$				<input type="checkbox"/>		YES	<input type="checkbox"/>	NO					
OTHER PROTECTION (Lighting, fences, watchpersons, etc)																	

**ADDITIONAL INTEREST**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/>				<input type="checkbox"/>	PREMISES:	BUILDING:	
<input type="checkbox"/>				<input type="checkbox"/>	VEHICLE:	BOAT:	
<input type="checkbox"/>				<input type="checkbox"/>	SCHEDULED ITEM NUMBER:		
<input type="checkbox"/>				<input type="checkbox"/>	OTHER		
<input type="checkbox"/>				<input type="checkbox"/>	ITEM DESCRIPTION:		

**REMARKS**

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