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AGENC	Y	PHONE (A/C, No, Ext):					COMPANY														N	NAIC CODE:						
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		(4.4.4) 1.4.4					CON	//PANY	POL	ICY (OR I	PROGRAM	NAME									ROGR						
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E-MAIL ADDRESS: RNW											AGENCY BILL																	
CODE: SUB CODE: QUOT AGENCY CUSTOMER ID BOLIN																							DEPOSIT					
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DESCR	PTION	OF OPERATION	S																									
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		AIN ALL "YES" I							YES	NO	PI	LEASE EXF	PLAIN A	ALL "	"YES	" RESF	PONS	ES								YES	NO	
1. DO/	HAVE F	PAST, PRESENT	OR I	DISCONTINUED OPERATION GING, APPLYING, DISPOSI))		$\overline{\Box}$			3. DO YOU							BUSIN	ESS?	?						ĪП	
				JS MATERIAL? (e.g. landfills,			ıks, etc	c)																				
											9	9. ANY OTH	ER INS	SURA	ANCE	WITH	THIS	COM	IPANY?	(LIS	T POL	ICY N	UMBE	RS)				
2. ARE	ATHLE1	TIC TEAMS SPO	NSOR	RED?																								
										10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING										_								
				WED TO WORK WITHOUT IF NOT, WHO CHECKS CE						OR REPACKAGING OF PRODUCTS?											IJШ							
OLI	(111107	TE OF INCORAL	VOL:	ii NOT, WHO OHEORO CE	1311111	OATEO:																						
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				RS (TEN IN RI), HAS ANY							Ī																	
BRI	BERY,	ARSON OR ANY	OTH	OF ANY DEGREE OF THE ER ARSON-RELATED CRIM																							\perp	
(In F	RI, failur		existe	ence of an arson conviction is	s a mi	isdemeano	r				12	 HAS AP JUDGEN 											NKRUI	PTCY,	,		$ \square $	
pun	snable	by a sentence of	up to	one year of imprisonment).																								
											13	B. ANY EX	POSUF	RE TO	O FL	AMMA	BLES	, EXP	LOSIVE	ES OI	R CHE	MICAL	LS?					
F ANIX		OD COVERACI	- DEC	CLINED, CANCELLED OR NO	ON DE	NEWED			$\overline{}$																			
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6. DO Y	OU LEA	SE EMPLOYEE	S TO	OR FROM OTHER EMPLOY	ERS?)					15	5. ANY PAS												ING2				
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7. ANY WORKERS COMPENSATION CARRIED?									Ш		16	6. ANY UNC	ORRE	CTE	D FIF	RE COD	E VI	OLATI	ONS?								لـــاإلــا	
DESCRI	BE ANY	LOCATION / BI	JSINE	SS INTEREST OWNED / OP	ERAT	ED BY INS	SUREI	D BUT I	NOT	LIST	ED																	

PRIOR PO	LIC	CY(IES)/LOS	S HIS	TORY	′ [Se	e attached lo	ss summ	ary									
PREVIOUS CA	RRI	ER			PO	LICY NU	MBER		то	TAL PREMIUM	EXP D	ATE	# LOSS LAST		OTAL LOSSES			
														\$				
DESCRIPTION	OF	LOSSES, WHETH	ER OR	NOT IN:	SURED (D	ate, caus	e, amt paid, claim	status)										
POLICY LE	EVI	EL COVERAG	GES															
LIABILITY	(C	hoose the lir	nit op	otions	compa	tible v	vith the prog	ram you a	re requesti	ing)								
COVERAGE LIMIT								ED		OVERAGE			LIMIT		DED			
COMBINED SI	NGL	E LIMIT	\$						HIRED AUTO		\$							
BODILY INJUR	Y	OCCURRENCE	\$						NON-OWNED	AUTO	\$							
DAMAGE		AGGREGATE	\$						EMPLOYEE B	ENEFITS	\$							
MEDICAL EXP	ENS	SE (PER PERSON)	\$								\$							
DAMAGE TO R	REN	TAL PREMISES	\$								\$							
PROFESSION	AL L	IABILITY	\$								\$							
LIQUOR LIABIL	LITY	'									\$							
	(GEN. AGGREGATE	\$								\$							
	ı	PER PERSON	\$								\$							
OTHER:			\$								\$							
	AL	COVERAGE		otal A		of Pol		e Desired		T								
COVERAGE		ACTUAL LOSS SUS			DED		END #s		COVERAGE	TOTAL AMO	UNT		DED		END #s			
EXTRA EXP	•	NO. OF MONTHS		\$					COMPUTERS	\$		\$						
	\$	ACTUAL LOSS SUS	STAINED						ORD OR LAW	\$		\$						
LOSS OF NO. OF MONTHS		NO. OF MONTHS		\$					FLOOD	\$		\$						
VAL	VAI			1					EARTHQUAKE	\$		\$						
ACCNTS	PAPERS \$ ACCNTS			\$					B & M BASIC			\$						
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EMPL DISHON	\$			\$					B & M SPOILAGE	<u> </u>		\$						
BRG/ROB	\$								TRANSIT	\$		\$						
STK BRG/ROB MNY	\$			\$ \$					\$		\$							
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	\$			\$						\$		\$						
SPECIALT	ΥΙ	PROGRAMS		1 4		<u> </u>				1 4		ΙΨ						
		ATTACH ACORD 1	185 FOR	REACH	LOCATIO	<u> </u>												
		ATTACH ACORD																
PROFESSIONA	AL L	IABILITY - ATTAC	H ACO	RD 187	FOR BARI	BER AND	BEAUTY SHOPS	, FUNERAL H	OMES, OPTICAL	AND HEARING AID	ESTABLI	SHMEN	ITS, PRINTER	S OR VETE	RINARIANS			
ADDITION	ΑL	INTEREST			Α .	CORD	45 ATTACH	IED										
INTEREST		RANK:	NAME	AND A	DDRESS	REFE	RENCE #:			CERTIFICA	TE REQUI	RED	IN	TEREST IN	ITEM NUMBER			
ADDITIO	ONA	L INSURED											PREMISES:		BUILDING:			
LOSS PA	AYE	E											VEHICLE:		BOAT:			
MORTG	AGE	E											SCHEDULED	ITEM NUM	IBER:			
LIENHO	LDE	R											OTHER					
<u> </u>					IPTION:													
PERSONAL I THIS APPLIC AGENTS MA INFORMATIC REGARDING ANY PERSO OR STATEM	INFO CAT (Y II ON G SU ON '	ION AND SUBS N CERTAIN CIR IN OUR FILES ICH INFORMATI WHO KNOWIN NT OF CLAIM	OUT YOU SEQUE RCUMS AND O ON IS GLY A	OU, INC NT RE STANCE CAN R AVAILA AND W NTAINII	CLUDING NEWALS ES BE DI REQUEST ABLE UPO TITH INTE	SUCH SCLOSE CORRI ON REQ NT TO MATE	I INFORMATION ED TO THIRD P ECTION OF AN UEST. CONTAC DEFRAUD AN ERIALLY FALS	N AS WELL PARTIES WIT IY INACCUR IT YOUR AG IY INSURAN E INFORM	AS OTHER PITHOUT YOUR ACIES. A MCENT OR BROKENTOR ATTON, OR	ERSONAL AND P AUTHORIZATION ORE DETAILED D (ER FOR INSTRUC NY OR ANOTHEI CONCEALS FO	RIVILEG I. YOU H ESCRIPT CTIONS (R PERSO R THE	ED INF IAVE T TION C ON HO ON FIL PURF	FORMATION HE RIGHT TO OF YOUR RI W TO SUBM LES AN APP OSE OF TO	COLLECTOREVIET GHTS AN IT A REQUESTICATION MISLEAD	N FOR INSURANCE ING INFORMATION			
[NY: SUBSTA	SIG	TIAL] CIVIL PEI NED IS AN AUT	NALTIE HORIZ	ES. (No ZED RE	ot applica	ble in C	O, HI, NE, OH,	OK, OR, or CANT AND (VT; in DC, LA	, ME, TN, VA, an IAT REASONABLE	d WA ins	urance RY HAS	e benefits ma BEEN MAD	ay also be DE TO OB	TAIN THE ANSWERS			
TO QUESTIO	NS	ON THIS APPLI	CATIO	N. HE/	SHE CER	TIFIES		WERS ARE T	RUE, CORRE	CT AND COMPLE	TE TO TH	HE BES	ST OF HIS/HE	R KNOW	LEDGE.			
APPLICANT'S	SIGI	NATURE					DATE	PR	ODUCER'S SIGI	NATURE				NATION	AL PRODUCER NUMBER			

### COMPANDED THE PREMISES OF START THIS PREMISES BULDING DESCRIPTION OF PREMISES START THIS CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES PROPERTY START THIS COMMINISTRATION RC	PREMIS	SES	PRE	M #:	BLDG	i #:		BLAI	NKET RATE		YES		N	0		A	CORD 139	ATTAC	HED						
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BUILDING DESCRIPTION OF PERATIONS THIS PREMISES						1					CLASS	3	TERR	ŀ		NT	FIRE ST	AT	KE DIST	RIC	CODE	NUMBE	K		
## OF EMPLOYEES HOURS OF OPERATION START TIME: CLOSENO TIME: START TIME: CLOSENO TIME: START TIME: CLOSENO TIME: START TIME: START TIME: CLOSENO TIME: START TIME: START TIME: CLOSENO TIME: START TIM		ION OF C	PFRA	TIONS AT	THIS PRFI		:					BI	JII DING	DESC	RIPTIO		1	MI						YES	NO.
CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES PROPERTY ROUND LIAMT 1/4 COUNS																									
PROPERTY	# OF EMPL	OYEES		HOURS	OF OPERA	TION										ANI	NUAL SAL	ES/RE	EIPTS		1	OTAL PA	YROL	L	
RATE # RATE ORDUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES				START T	IME:				CLOSING	3 TIME	Ŀ					s						;			
LIMIT	CLASS CO	DE	RATE	#	RATE	GROUP	DE	SCRIPTIO	N OF ALL C	CCUP	ANCIES	AT TH	HIS PRE	MISES	3	, ·						<u> </u>			
LIMIT																									
BILD S	PROPE	RTY																							
STATE STAT		IIT			% COIN	S VALU-		RC	ACV	IN	NFL %	;				DED		CC	NSTRU	СТІС	ON TYP	Έ	Т	OT SQ FT	AREA
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MINISTER PURBLICH PURBLE	PERS	IIT			% COIN	VALU-		RC	ACV		1.	i					STORIES	SPRI	IK BA	SEN	IENT P	RESENT	?	YES	NO
MIRROWERNIS PER PERSINTE	PROP \$		140	DINO F					DOOF TYP		` ′ \$		_												
LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting) COVERAGE LIMIT DED COVERAGE S S S S CLASS S CLASSIFICATION CLASS S CLASSIFICATION CLASS S CLASSIFICATION CLASS S CLASSIFICATION									ROOF TYP	E	BLDG GR	ADE		_	_, +	_		TAX C	DDE	WIN		-	SEM	MI-RESISTI	VE
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ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired COVERAGE TOTAL AMOUNT DED END #S COVERAGE TOTAL LOSS SUSTAINED NO. OF MONTHS S ACTUAL LOSS SUSTAINED NO. OF MONTHS S														COL	, <u> </u>		EXP	JSUKE		Τ,	ODE				ìy
ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired COVERAGE TOTAL MOUNT DED END #s COVERAGE TOTAL AMOUNT DED END #s																						(C) tota	l cost -	per \$1,000	
COVERAGE TOTAL AMOUNT DED END #S COVERAGE TOTAL AMOUNT DED END #S																						· /			
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CORD S S S S S S S S S		\$	ACTII/	VI 1 000 0110										TERS \$											
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MONEY & SEC OUTSIDE S S S S S S S S S S S S S S S S S S S	BRG/ROB																								
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CLASS LOCATION IN BUILDING GROUND FLOOR GLASS ABOVE GROUND FLOOR GLASS ABOVE GROUND FLOOR GLASS ABOVE GROUND FLOOR GLASS ABOVE GROUND FLOOR GLASS PREMISES GENERAL INFORMATION YES NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. LENGTH LINEAR FT GLASS TYPE INTERIOR \$ INTERIOR TENANTS EXT. \$ VALUE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	MONEY & S OUTSIDE	EC \$																							
GROUND FLOOR GLASS ABOVE GROUND FLOOR GLASS PREMISES GENERAL INFORMATION YES NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			ON IN	BUILDING	i .	# PLAT	ES	ARE	A SQ FT	LEI	NGTH LIN	NEAR	FT G	SLASS	TYPE		INTERIOR	١		rs		VALUE			DED
PREMISES GENERAL INFORMATION YES NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES NO 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED BOARD GROUND IN- OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.		GROUN	D FLO	OR GLAS	S																\$			\$	
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES NO 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED DIVING BOARD GROUND IN- NO LIMITED ACCESS SLIDE GROUND OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.		ABOVE	GROU	ND FLOO	R GLASS																\$			\$	
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED BOARD GROUND IN- ON ACCESS SLIDE GROUND	PREMIS	SES GE	NEF	RAL INF	ORMA	TION																			
INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED LIMITED ACCESS SLIDE GROUND IN- GROUND IN- GROUND											YES N	10													YES NO
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED LIMITED ACCESS SLIDE GROUND IN- GROUND						OCESSING	BOIL	ER? (IF Y	ES,			4	I. IS ALL	- EQUI	PMEN	T INS	PECTED A	ANNUAL	LY AND	WE	LL MA	INTAINE)?		
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OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. NO LIMITED ACCESS SLIDE GROUND	3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR											十	_									BROUND ROUND		GUARD	
REMARKS (Attach additional sheets if more space is required)	OTHER,	VALUED	OVEF	R \$100,000	? IF YES, [ESCRIBE.							NO	1		AC	CESS		SLIDE		(ROUND			
	REMAR	KS (At	tach	addition	onal she	ets if me	ore	space	is requir	ed)															

ΑF	PARTMENTS	A E	ND CONDOMINIUM	S													
								YES	NO								YES NO
1.15	THERE A PLAY	GRO	UND ON PREMISES?							5. SM	OKE DET	TECT	TORS: NON	1E	BATTERY	WIRE	D
		RE U	SED? (IF YES, DESCRIBE	PROTEC						6. ATT	ГАСН СО	PY (OF CONDO ASSOCIATIO	N BYLA	WS IF D&O COVER	RAGE IS REQUES	STED.
3. #	# OF FIRE DIVISIONS:		# UNITS PER FIRE DIVISION:		# O	UNIT WNE	S R OCCUPIED:	:		7.IS D	EVELOP	PER	OR CONTRACTOR A BOA	ARD ME	MBER?		
4. II	NDICATE WHERI	E CO	VERAGE APPLIES TO:	BA	ARE WALLS		FINISHE	D WAL	LS	8.IS A	PROPE	RTY	MANAGER EMPLOYED?				
	RIME																
ALA	ARM TYPE	AL	ARM DESCRIPTION	G	RADE	_	EXTENT OF	PROT			SAFE	/VAI	JLT/RECEPTACLE MANU	FACTU	RER'S NAME		LABEL
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	PREMISES		CNTRL STAT W/ KEYS				PARTIAL	-	1	2 3	_						SMNA
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	MANUAL IN CAC		POLICE CONNECT	CERT #			EXP DATE:			FOUEN	101/		DEADDOLT OVALUED				
	MAXIMUM CAS ON PREMISES	эн S	MAXIMUM CASH WITH MESSENGE	R	PREMISE	S O	ON /ERNIGHT		OF	EQUEN DEPOS	SITS		DEADBOLT CYLINDER DOOR LOCKS?	SAFE	DOOR CONSTRUC	TION	
\$			\$ ighting, fences, watchpers		\$								YES NO				
RE	EMARKS (At	tacl	h additional sheets	if mo	re space	eis	required)							AT	TACHMENTS STATE SUPPLEM	//ENT(S) (If applic	able)