

Sugar Creek Mutual Insurance Company Business Owners Policy Application

Agency Name
Agent
Agent Office Address

Agent Telephone
Agent Email

Applicant Name
Applicant Address

Applicant Telephone
Applicant Email

New Business
Renewal Business

Quote
Bound
Issue Policy

Location(s)
1

2

3

4

5

More see attached list

~~Individual~~ ~~Corporation~~ ~~Partnership~~ ~~Joint Venture~~ ~~Other~~
Policy Period: 12:01am STANDARD TIME AT LOCATION OF DESIGNATED PREMISES
FROM ~~12/31/00~~ TO

Type of Risk Dwelling Apartment Mercantile Office Lessors Risk
Coverage Standard Special
Buildings Actual Cash Value Replacement Cost
Business Personal Property Actual Cash Value Replacement Cost
Mortgagee or Other Interest Name
Mortgagee or Other Interest Address

Mortgagee or Other Interest Account or Loan Number

CLASSIFICATION AND RATING INFORMATION

Protection Class

- Protected
- Partially Protected
- Unprotected

Deductible

\$500
\$1,000
\$2,500
\$5,000
\$10,000

Construction

Frame
Masonry/Joist
Fire Resistive
Masonry Non-combustible
Non-combustible

Occupancy

Sole
Multiple

Sprinklered**Protective Devices****Valuation of Property****Buildings**

1
2
3
4
5

Business Personal Property

1
2
3
4
5

Liability**Business Liability**

\$300,000
\$500,000
\$1,000,000

Fire Legal Liability Limit**Products/Completed Work Aggregate****Bodily Injury/Property Liability Aggregate****Medical Pay**

Optional Coverages

Property

Loss of Income

Burglary and Robbery (Standard Only)

Theft (Standard Only)

Theft Exclusion (Special Only)

Valuable Papers and Records

Location 1

Location 2

Location 3

Location 4

Location 5

Fine Arts

Outdoor Signs

Exterior Glass

Mini/Micro Computers Equipment

Mini/Micro Computers Media

Property Additional Coverage Endorsement

Liability

Personal and Advertising Injury

Additional Insured

Cosmetologist Liability Coverage

UNDERWRITING INFORMATION (INCLUDE AT MINIMUM 2 PHOTOGRAPHS PER BUILDING FRONT AND REAR, PARKING AREAS, INTERIOR IF POSSIBLE)

How many years in business?

If less than 3 years, list number of years' experience

Is the risk financially stable?

Has the applicant experienced bankruptcy or foreclosure?

If yes, when?

Do you know and recommend the applicant?

What are the applicants open hours?

What are the gross annual sales or rents?

Earned from rents %

Retail sales%

Repair or Service%

Other %

What is the Payroll Amount?

Square feet per floor

Number of Stories

Is there a basement?

Is the basement open to the public?

What is the age of the building in years?

If the building is remodeled, when did that occur?

BOP-AP-A 2/02

Has the electrical system been inspected by an electrician in the last 5 years?

Is there a wood burning stove, fireplace, or other auxiliary heating unit?

Are the halls, walkways, stairs, and floors kept clean and good condition?

What is the maximum amount of money kept on the premises overnight?

How often are receipts taken to the bank?

Is there any protection for the receipts?

When the business is closed is it checked by? Local police Private security firm Security guard None

Is there an alarm system?

Does the applicant sponsor any of the following

Playgrounds Recreational vehicles Recreational outings Public or private entertainment

Sporting events Functions in which alcohol is served

Is there any cooking on the premises? No Yes if yes, explain

List all property and liability losses in the last 5 years

List prior insurance carriers(last 5 years)

CAUTION: READ CAREFULLY BEFORE SIGNING

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the statements are true and accurate. I understand that the insurance company may inspect my property. The inspection or any resulting advice, or report does not warrant that the property or operations are safe or are in compliance with any law, rule or regulation.

In order to underwrite the risk, I understand that the insurance company through with this coverage is being applied may request a consumer credit report. Subsequent reports may also be requested in connection with an update, renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed is a credit report was requests, and provided with the name and address of the consumer-reporting agency that furnished the report. The applicant also authorizes their prior insurance carrier(s) to release any information on their prior loss or claim history, or underwriting information.

UNDERTAKING TO PAY PREMIUMS AND ASSESSMENTS

I, _____ of _____ in consideration of insurance on my buildings and business personal property, insured to myself, my heirs and assigns by the Sugar Creek Mutual Insurance Company, bind myself, and to the extent of their interest in the property, my heirs and assigns to pay the Company the premiums for such insurance, and with the period of time state in the notices of assessment, my share of legal assessments, if any levied by the Company, together with all legal costs and charge incurred in legal proceedings to collect any assessment levied upon me and the statutory penalties for non-payment, according to the statutes and the terms and conditions in the policy and any renewals thereof or of the insurance thereunder. My property covered by the insurance, both personal and real, shall be liable for that share, waiving all exemptions.

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature
Date

Agent Signature
Date