



# BUSINESS PROTECTOR APPLICATION

Quotation     New Business     Renewal of \_\_\_\_\_ Effective Date \_\_\_\_\_

<b>Applicant and Mail Address</b>	<b>Agency and Mail Address</b> OGA# _____ NS# _____
Phone No.: _____	Soc. Sec. # of Principal: _____

**APPLICANT IS:**     Individual     Partnership     Corporation     Other \_\_\_\_\_

**CONTACT FOR INSPECTION:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LOCATION, IF OTHER THAN ABOVE** \_\_\_\_\_ **Fire Dist. #:** \_\_\_\_\_ **Rural Fire #:** \_\_\_\_\_  
Include 911 Address and County:

**BUILDING IS:**     Owner Occupied     Non-Owner Occupied

**BUILDING TYPE:**     Apartment: No. of Units \_\_\_\_\_     Office     Mercantile     Service     Motel: No. of Units \_\_\_\_\_

**OCCUPANCY:**    Occupancy of Applicant \_\_\_\_\_ Square Feet \_\_\_\_\_  
Any Other Occupancy \_\_\_\_\_ Square Feet \_\_\_\_\_

**PROTECTION CLASS:** \_\_\_\_\_ Risk Inside City Limits? Yes \_\_\_\_\_ If Not: Road Miles From Fire Dept. \_\_\_\_\_ Feet From Hydrant \_\_\_\_\_

**CONSTRUCTION:**     Frame     Joisted Masonry     Non-Combustible     Other

**COVERAGE FORM:**     Named Perils Coverage     Special Perils Coverage

**EQUIPMENT BREAKDOWN EXCLUSION:**     (Apply 3% credit to Building and Personal Property Premiums)  
(This Exclusion is mandatory on Named Perils Coverage Form and Optional on Special Perils Coverage Form)

**LIABILITY LIMIT:**     \$300,000     \$500,000     \$1,000,000  
\$300,000 is standard. If a higher limit is selected, add applicable rate from Rate Table to Building or Pers. Prop.

**MEDICAL EXPENSE:**     \$1,000     \$2,000     \$3,000     \$4,000     \$5,000  
\$1,000 is standard. If a higher limit is selected, add applicable premium from Optional Coverages - Liability

**VALUATION:**     Replacement Cost     Actual Cash Value - Buildings (multiply Building rates by 1.10)

**DEDUCTIBLE:**     \$500 All Perils     Optional Deductible \_\_\_\_\_

ITEMS COVERED	COVERAGE AMOUNT	RATE DEVELOPMENT	PREMIUM
BUILDING #1 *	\$ _____	_____	\$ _____
PERSONAL PROPERTY	\$ _____	_____	\$ _____
BUILDING #2 *	\$ _____	_____	\$ _____
PERSONAL PROPERTY	\$ _____	_____	\$ _____
BUILDING #3 *	\$ _____	_____	\$ _____
PERSONAL PROPERTY	\$ _____	_____	\$ _____

\* Automatic Increase - Building Limit(s) will automatically be updated based on changing construction costs factors.

**Description and ages of auxiliary buildings on premises (not insured above):**

### OPTIONAL COVERAGES

- ACCOUNTS RECEIVABLE ..... \$10,000 included. Amount of Increase: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- ADDITIONAL INSUREDS (explain) ..... Number of Additional Insureds: \_\_\_\_\_ \$ \_\_\_\_\_
- BACKUP OF SEWERS, DRAINS & SUMP SYSTYEMS ..... Coverage Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- BARBERS & BEAUTICIANS PROFESSIONAL LIABILITY .. # Full Time Operator \_\_\_\_\_ # Part Time Operator \_\_\_\_\_ \$ \_\_\_\_\_
- BURGLARY & ROBBERY, Named Perils Form Only ..... (Money & Securities - \$5,000 In Prem. & \$2,000 Out Prem.) \$ \_\_\_\_\_
- EMPLOYEE DISHONESTY ..... Coverage Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- FIRE LEGAL LIABILITY ..... \$50,000 included. Amount of Increase: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- PERISHABLE GOODS .... (\$25,000 Incl., Special Perils Form Only) Amount of Increase: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- HIRED AUTO ..... : \_\_\_\_\_ \$ \_\_\_\_\_
- OUTDOOR SIGNS .....  Attached     Detached     Neon Coverage Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- VALUABLE PAPERS & RECORDS ..... \$10,000 included. Amount of Increase: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ANNUAL PREMIUM** ..... \$ \_\_\_\_\_

BUILDER'S RISK (flat charge not included in Total Premium) ..... Coverage Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**DIRECT BILL INSTRUCTIONS:**     Insured     Mortgagee     Other \_\_\_\_\_

**New Business** - 2 months premium required with application.

**MORTGAGEE:** Subject to the provisions of the mortgage clause herein, loss if any, on building items should be payable to:

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

Town & State \_\_\_\_\_

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

Town & State \_\_\_\_\_

**LOSS PAYEE:** Loss, if any, on Personal Property items to be adjusted only with the Insured named herein and payable to the Insured and to:

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

Town & State \_\_\_\_\_

**UNDERWRITING** Provide complete details for answers marked with \* in space at bottom or on a separate sheet.

**HISTORY OF RISK**

- 1. How long has applicant been in this business? \_\_\_\_\_ How long at this location? \_\_\_\_\_
2. Has applicant ever experienced bankruptcy, foreclosures or been refused bonding? [ ] Yes\* [ ] No
3. What are applicant's open hours? \_\_\_\_\_
4. Does applicant have employees? [ ] Yes [ ] No How many? Full time: \_\_\_\_\_ Part time: \_\_\_\_\_
5. Has applicant or any employee ever been sued or arrested for libel, slander, invasion of privacy, wrongful eviction or false arrest?
[ ] Yes\* [ ] No Assault, battery or any felony? [ ] Yes\* [ ] No
6. Gross annual sales or rents: \$ \_\_\_\_\_ Earned from: Rents \_\_\_\_\_%; Retail \_\_\_\_\_%; Repair or service \_\_\_\_\_%; Other \_\_\_\_\_
7. Has applicant had any property, liability or crime insurance losses within the past five years? [ ] Yes\* [ ] No
8. Has any company cancelled property, liability or crime insurance of the applicant within the past five years? [ ] Yes\* [ ] No
9. Previous Insurance Carrier: \_\_\_\_\_

**VALUATION OF PROPERTY (ATTACH RECENT PHOTO OF EACH BUILDING)**

- 1. Insurable Building Values (Coverage must be for 100% of Insurable Values)
a. Bldg. #1 Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ [ ] Replacement Cost [ ] Actual Cash Value
Length in feet Width in feet Sidewall Height Total Square Feet Basement? [ ] Yes [ ] No
Purchase Price of Bldg. \_\_\_\_\_ Purchase Date \_\_\_\_\_ Current Market Value \_\_\_\_\_ Basement Finished? [ ] Yes [ ] No
b. Bldg. #2 Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ [ ] Replacement Cost [ ] Actual Cash Value
Length in feet Width in feet Sidewall Height Total Square Feet Basement? [ ] Yes [ ] No
Purchase Price of Bldg. \_\_\_\_\_ Purchase Date \_\_\_\_\_ Current Market Value \_\_\_\_\_ Basement Finished? [ ] Yes [ ] No
c. Bldg. #3 Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ [ ] Replacement Cost [ ] Actual Cash Value
Length in feet Width in feet Sidewall Height Total Square Feet Basement? [ ] Yes [ ] No
Purchase Price of Bldg. \_\_\_\_\_ Purchase Date \_\_\_\_\_ Current Market Value \_\_\_\_\_ Basement Finished? [ ] Yes [ ] No
d. For Actual Cash Value, show amount of depreciation taken: Bldg. #1 \_\_\_\_\_ Bldg. #2 \_\_\_\_\_ Bldg. #3 \_\_\_\_\_
2. Insurable Personal Property Values (Coverage Must be for 100% of Insurable Values)
BLDG #1: a. Stock: Inside Building \$ \_\_\_\_\_ Outside Building \$ \_\_\_\_\_ b. Furniture/Fixtures/Equip. \$ \_\_\_\_\_ c. Property of Others \$ \_\_\_\_\_
BLDG #2: a. Stock: Inside Building \$ \_\_\_\_\_ Outside Building \$ \_\_\_\_\_ b. Furniture/Fixtures/Equip. \$ \_\_\_\_\_ c. Property of Others \$ \_\_\_\_\_
BLDG #3: a. Stock: Inside Building \$ \_\_\_\_\_ Outside Building \$ \_\_\_\_\_ b. Furniture/Fixtures/Equip. \$ \_\_\_\_\_ c. Property of Others \$ \_\_\_\_\_

**EVALUATION OF HAZARDS**

Table with 4 columns: Hazard, Building #1, Building #2, Building #3. Rows include Age of Building, Age of Plumbing, Type of Roof, Year Roof Surfaced or Resurfaced, Type of Wiring/Age, Type of Heat/Age, Condition (considering 1-6), What is maximum amount of money kept on premises overnight?, How often are receipts taken to bank?, Check if the applicant maintains, uses or sponsors any of the following, Does the applicant rent or loan any type of product or equipment or conduct operations away from the insured premises?, Check if the applicant is likely to: \* [ ] Manufacture, assemble or repair any product; [ ] Sell secondhand products; [ ] Assume liability in a written contract., AGENT'S INSPECTION: Agents are required to personally inspect the premises of Business Protector applicants., a. When was the most recent time the agent inspected the premises of this applicant? b. Describe any protective devices such as alarms, extinguishers, safes or cabinets, or burglar resistant doors and windows: c. Describe any property hazards such as defective wiring, hazardous adjacent properties, congestion or existing damage: d. Describe any liability hazards such as unsafe floors, stairs or walkways, obstructed aisles, poor lighting or unmarked exits:

List in the following space any details required by asterisked (\*) answers given above, and provide any other underwriting information you consider pertinent.

NOTICE - READ BEFORE SIGNING - As the applicant for this insurance, I grant permission to the agency listed on the front and to the underwriting departments of One General Agency and North Star Mutual to obtain claims information from previous insurer(s) and/or reports from investigative consumer organizations as to my credit (or credit-based insurance score), character, and/or condition of the property represented on this application. I understand that I have the right to make a request in writing as to the nature of any such information that may be developed and that I have the right to request that any such information be corrected by providing documented support for such correction. If my request is denied, I understand that I have the right to appeal to the Commissioner. I understand that this is a temporary authorization that will expire as soon as one of the following occurs: (a) The above named company makes the underwriting decision(s) in question, or (b) one year elapses after the date I sign this authorization. However, if a policy is issued, then I authorize the above permission for subsequent amendments and renewals as long as the policy remains in-force.

If this application for insurance is accepted, I grant permission to One General Agency and North Star Mutual to disclose information to the Mortgagee(s) or Loss Payee(s) that may be designated in this application or its (their) successor(s). (Reports prepared by insurance-support organizations may be retained by them and disclosed to others.) INSURANCE FRAUD IS A CRIME - I understand that a person who submits an application or claim information with intent to defraud an insurer is guilty of a crime.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

As the Agent for the applicant, I attest that the information in this application and attachments is correct to the best of my knowledge.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_