

9. Optional Coverages, Additional Coverages, or Limitations
 (Refer to Business Owners Manual for brief description of coverage.)

Deductible Options
 \$100 \$500 \$1,000 \$2,500

Actual Cash Value
 Building Business Personal Property

Building Limit – Automatic Increase

Exterior Glass Linear Ft. of Glass
 Basement/ground floor level
 All floors
 Second floor and below
 Third floor and above

Interior Glass
 Basement/ground floor level
 All floors
 Second floor and below
 Third floor and above

Hired Car

Non Owned Auto

Professional Liability – Druggist

Professional Liability – Other
 (Attach completed BO-24)

Total Building Replacement Cost

Condominium Association
 Coverage. Date Assoc. Created

Condominium Commercial Unit
 Owners Coverage (Personal
 Property Coverage Required)

Burglary and Robbery (Basic Policy Only)

Voluntary Property Damage

Liquor Liability - Virginia Only

Per Location Aggregate Limits

™ Employee Benefits Liability (See Agents Manual for limits
 available)

Each claim Aggregate
 Number of employees

Earthquake
 Minimum Mandatory Deductible
 Other %

Spoilage Endorsement
 Premises No. Bldg. No.
 Limit of Insurance
 Description of perishable stock

Causes of Loss: Breakdown or Contamination
 Power Outage

Refrigeration Maintenance Agreement? ™ Yes ™ No

Ordinance or Law Endorsement
 Loss to the underground portion of the building is mandatory
 Demolition Cost Limit
 Increased Cost of Construction Limit

Employee Dishonesty
 \$10,000 Limit \$25,000 Limit
 Total Number of Employees
 Frequency of Audits
 Audits are made by

Signs Limit of Liability
 Description \$

Systems Breakdown \$
 Endorsement
 (Attach Completed BO-7246)

Coal Mine (West Virginia Only) \$

CompuPak \$
 Hardware
 (Attach completed BO-7247) Data & \$
 Media

Condominium Commercial Unit
 Owners Optional Coverage
 Loss Assessment \$
 Miscellaneous Real Property \$

Complete for limits in addition to
 those provided in the Coverage
 Extensions:
 Accounts Receivable \$
 Valuable Papers \$

10. Additional Insureds	Premises	Person or Organization
Building Owner		
Loss Payable Provisions Provision A – Insurable Interest Provision B – Creditor	(Description of Property)	
Manager or Lessor of Premises (BO-7102)		
Controlling Interest (BO-7104)		
State or Political Subdivisions Permits Relating to Premises (BO-7105)		(State or Political Subdivision)
Townhouse Associations (BO-7106)		
Mortgage, Assignee, or Receiver (BO-7107)		
Owners or Other Interest From Whom Land Has Been Leased (BO-7108)		
Co-owner of Insured Premises (BO-7109)		
Grantor of Franchise (BO-7236)		
Designated Person or Organization (BO-7234)		
Lessor of Leased Equipment (BO-7237)	(Description of Property)	
Limitation of Coverage to Designated Premises or Project (BO-7110)	Premises or Project	
11. Building Description (Complete for each building whether providing building coverage or not)		
<p>Location Number Building number</p> <p>Occupancy: Office % Mercantile % Warehouse %</p> <p> Apartment or Condominium % Number of Units Garage %</p> <p> Other % Describe</p> <p>Total area occupied by applicant square feet.</p> <p>Does insured perform maintenance on vehicles or equipment in this building? Yes No</p> <p>Construction: Frame (1), Joisted Masonry (2), Non-Combustible (3), Masonry Noncombustible (4), Modified Fire Resistive (5), Fire Resistive (6). If mixed, show % each</p> <p>Condition: Excellent (E) Good (G) Average (A) Year Built Number of Stories</p> <p>Fire Protection Devices: Yes No</p>		
		Area Protected square feet
Manual Fire Alarm (1)	Building	Basement
Automatic Fire Detection System (2)		
Sprinkler System (3)		
12. Building Valuation Information (Complete the following when providing building coverage. Include all square foot areas occupied by insured and/or tenants in total floor area requested.)		
<p>Total building perimeter (1st floor perimeter* feet x number of floors) = feet</p> <p>* Perimeter is the total linear footage of exterior walls. If total perimeter varies by floor, show total perimeter for each floor in remarks)</p> <p>Total building floor area excluding basement, garage, and carpet areas (1st floor sq. ft. x number of floors) sq. ft.</p>		

Air Conditioning: Yes No		Central Chilled Water (1)		Elevator: Yes No					
Area Air Conditioned		Wall Units (2)							
Not including basement		Forced Cool Air (3)							
Interior Finish: Office		Attached Garage Area: Yes, Square Feet		No					
Warehouse or Other Construction Service Occupancy		Attached Carport Area: Yes, Square Feet		No					
Basement: Yes No		Unfinished Basement (1)		Finished Basement (3)					
Sq. Ft. of Basement		Partially Finished Basement (2)		Underground Parking Basement (4)					
Please attach sketch of floor plan.									
Building Valuation: (Use Building Cost Valuation Guide)									
Base Cost Table A Code ()	Additional Features Cost Table B	Total Base Cost	Area/ Perimeter Adjustment Table C	Total Building Cost Per Sq. Ft.	Total Floor Area	Location Multiplier	Estimated Replacement Cost	Depreciation Amount	Estimated ACV
Building	+	=	x	=	x				
					+	x	=	-	=
Basement	+	=	x	=	x				
13. Rating Information					14. Fire District Tax Codes				
Territory	Protection	Construction Type	Rate Number	Rate Group Number	City	County			
15. General Information:									
Years in business .		At this location .							
Annual Sales \$.		Annual Rental Income \$.							
Has heating system been inspected in last 5 years by qualified heating contractor?							Yes	No	
Has electrical system been inspected in last 5 years by qualified electrician?							Yes	No	
Other liability exposures? Yes No (Explain)									
Complete only when Deluxe Policy or Burglary and Robbery on Basic Policy is requested.									
Burglar alarm? Yes No If yes, Local, Central Station, U.L. Certificate Number									
Expiration Date									
How much money is kept on premises overnight?									
Description of safe									
Frequency of deposits									
Maximum amount of money carried at one time \$									

16. Previous Carrier and Loss Information for past 3 years						
Policy					Losses	
Year	Coverage	Carrier	Premium	Date	Amount	Description
17. Direct Bill Request						
Please select the payment option you prefer.						
<input type="checkbox"/> 1 Pay Plan <input type="checkbox"/> 2 Pay Plan <input type="checkbox"/> 4 Pay Plan <input type="checkbox"/> 9 Pay Plan						
If payer is other than the insured, please complete the additional information below:						
Payer's Name:						
Payer's Address:						
Payer is: Mortgagee Other:						
Deposit Amount \$ _____ (Make check payable to applicable company)						
18. Remarks:						
19. Signatures:						
_____			_____		_____	
Applicant			Agent		Date	