

ACORDTM MISCELLANEOUS CRIME COVERAGE SECTION					DATE (MM/DD/YYYY)	
PRODUCER		PHONE (A/C, No, Ext): 619-679-1136 FAX (A/C, No): 619-670-5026		APPLICANT (First Named Insured)		
Robert Hawkins DBA Hawkins Insurance Services P. O. Box 2207 Spring Valley, CA 91979-2207 bondpro1@cox.net DOI 0655770 0B33276		EFFECTIVE DATE EXPIRATION DATE DIRECT BILL AGENCY BILL		PAYMENT PLAN AUDIT		
CODE: SUB CODE:		FOR COMPANY USE ONLY		BASIS FOR COVERAGE ☐ DISCOVERY ☐ LOSS SUSTAINED		
AGENCY CUSTOMER ID:						

PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION	ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
☐ HOLD-UP	☐ LOCAL GONG		SAFE/VAULT			☐ RPT/CENT ST ☐ CLOCK HRLY ☐ DON'T SIGNAL
☐ PREMISES	☐ CENTRAL STATION		PARTIAL			
☐ SAFE	☐ POLICE CONNECT		COMPLETE			
	☐ WITH KEYS		1 2 3			
ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc)		
CERTIFICATE NUMBER						
EXPIRATION DATE:						

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ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc)		
CERTIFICATE NUMBER						
EXPIRATION DATE:						

PREMISES, MESSENGER & ARMORED MOTOR VEHICLE SCHEDULE										
LOC #	# MESS'GR	# OF ARM'D VEH	LIMITS		LOC #	# MESS'GR	# OF ARM'D VEH	LIMITS		
			INSIDE	OUTSIDE				INSIDE	OUTSIDE	

ADDITIONAL LOCATIONS	
LOC #	ADDRESS

REMARKS

EMPLOYEE SCHEDULE

[illegible]

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY-SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME and VA, insurance benefits may also be denied.)