

APPLICATION

QUOTATION NUMBER

Page 1

EDITION DATE

PRODUCER

Robert Hawkins DBA Hawkins Insurance Services

P.O. Box 2207

Spring Valley, CA 91979-2207

Tel: 619-670-1136

Fax: 619-670-5026

bondpro1@cox.net

DOI 0655770 DOI OB33276

APPLICANT'S OPERATIONS AND LOCATION/PREMISES

NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER

COMMERCIAL BUILDING

State:CA

10-30 P/A 069 RT 030 20140102

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by

All questions pertain to the subject Location/Premises unless otherwise indicated.

1. Business entity: _____
1=Individual 2=Joint venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other
2. Completely describe the operations at this location:

3. How long has applicant been in this type of business:

4. How long has applicant been at this location:

5. Describe all adjoining or adjacent occupancies and/or vacancies:

6. Total annual commercial occupancy rental receipts: \$ _____
Total annual apartment rental receipts: \$ _____
7. Number of commercial units: _____
Number of apartment units: _____
8. Number of commercial units currently available, vacant, unoccupied, or not rented: _____
Number of apartment units currently available, vacant, unoccupied, or not rented: _____
9. Total area occupied by the following:
Auto Body/Repair/Car Washes: _____
Dry Cleaners/Laundries: _____
Food & Beverage Services: _____
Machine Shops/Manuf/Warehouses: _____
Mercantile/Retail Stores: _____
Offices: _____
Apartments: _____
Nurseries: _____
Units available, vacant, unoccupied, or not rented: _____
Not Otherwise Classified: _____
Describe any Not Otherwise Classified:

10. Does applicant own or run any of these occupancies: _____
If yes, explain: _____
11. Does applicant live in any of the apartment units: _____
1=Yes 2=No 3=N/A
12. Parking area or number of spaces: _____
13. Building age: _____ years
Date and extent of remodeling: _____
14. Does the building's plumbing system have all copper supply pipes/no galvanized: _____
15. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
16. Number of floors: _____
17. Building class: 1=Frame 2=Other _____
If other, explain: _____
18. Fire station within 5 miles: _____
Fire hydrant within 1,000 feet: _____
19. Properly functioning fire extinguishers: _____
Properly functioning sprinklers: _____
Properly functioning smoke detectors: _____
Properly functioning carbon monoxide detectors: _____
20. Fire alarm: _____
1=Local 2=Central station 3=None
Burglar alarm: _____
1=Local 2=Central station 3=None
21. Name of alarm company: _____
Phone number: _____
22. Automatic fire suppression equipment over commercial cooking surfaces/exhaust flue: _____
1=Yes 2=No 3=N/A
23. How often are commercial flues cleaned by a professional service: _____

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24. High temperature limit cut-off switches on all commercial deep fat fryers/ovens:

1=Yes 2=No 3=N/A

25. Describe all unusual operations or business practices not customary to this type of business:

26. Describe all unusual hazards and unusual physical conditions at the property:

27. 4-year policy history (Company/Pol.#/Dates)

28. Loss history for the past 4 years: (include claims reported, unreported, and known occurrences which may result in claims):

Description	Date	Amount	Open/Closed
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29. Has applicant had a fire loss at this or other property or business within 10 years:

If yes, describe:

30. Is the subject risk currently insured for both Property and Liability:

31. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:

If yes, explain:

32. Has producer seen risk in last 60 days:

Overall condition:

33. Is applicant in receivership or involved in any bankruptcy proceedings:

34. Underwriter's comments:

- Coverage and premiums are subject to inspection and acceptance in writing by _____ without written confirmation by _____ Brokers do not have binding authority. No coverage will be effective
- This application contains a description of all exposures and hazards known, by the applicant and by the producer, including a true description of all operations of the applicant. All information is provided by the applicant or by the applicant's authorized representative. Misrepresentation on the application may void all insurance.
- If a policy is issued, it is agreed that the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
- The above named applicant understands that service fees, if any, are not premium and are for services other than insurance; and the producer acknowledges that he or she has advised the applicant of this fact and complies with applicable law.
- If the application is signed by the producer, the producer acknowledges that he or she has advised the applicant of all the above stated facts. If the producer is a broker, the broker further acknowledges that he or she is acting with the authority of the applicant as the applicant's authorized agent in providing the information contained herein.
- This application may be executed and transmitted by facsimile or email and in counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same application.

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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion
 ___ Agreed Value
 ___ Inflation Guard: _____%
 ___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion

Business Income Without Extra Expense
Check here ___ for Actual Loss Sustained
 --OR--

Choose one of the following options:

\$ _____ Limit subject to 1/___ Monthly Limit of Indemnity

\$ _____ Limit subject to ___% Coinsurance

Business Income With Extra Expense
Check here ___ for Actual Loss Sustained
 --OR--

Choose one of the following options:

\$ _____ Limit subject to 1/___ Monthly Limit of Indemnity

\$ _____ Limit subject to ___% Coinsurance

\$ _____ Accounts Receivable Endorsement
 \$ _____ Deductible Applies
 ___% Coinsurance Applies

\$ _____ Valuable Papers and Records Endorsement
 \$ _____ Deductible Applies

\$ _____ Sign Endorsement
 Special Deductible Terms Apply

Glass Coverage Endorsement
 ___ Square Feet Limit Applies
 \$ _____ Deductible Applies

Check if Applicable:
 ___ Premier Property Package
 ___ Premier Plus Property Package

SECTION II LIABILITY COVERAGE

Special Multi Peril Liability
Bodily Injury Liability and
Property Damage Liability
Combined Single Limit
Check if Applies:

 ___ Hired & Nonowned Auto Liab.
\$ _____ Per Occurrence Limit
\$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Real Property Liability - Fire Damage
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Personal Injury Liability Insurance
 Per Occurrence Limit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Property Damage Deductible Applies
 Per Each Occurrence
 to all Liability Coverages

SECTION III CRIME COVERAGE

\$ _____ Theft, Disappearance and Destruction
 \$ _____ Deductible Applies

(Continued...)

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MISCELLANEOUS (Attach addresses)

Number of Additional Insureds: _____

Number of Mortgagees: _____

Number of Lender's Loss Payables: _____

Number of Loss Payables: _____

TOTAL ANNUAL PREMIUM FOR THIS APPLICATION:

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