

# APPLICATION

QUOTATION NUMBER

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	<p><b>DATE PREPARED</b></p>	<p>PRODUCER Robert Hawkins DBA Hawkins Insurance Services P.O. Box 2207 Spring Valley, CA 91979-2207 619-670-1136 619-670-5026 Fax <a href="mailto:bondpro1@cox.net">bondpro1@cox.net</a> DOI 9655770 0B33276</p>
<p>NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER</p>	<p>APPLICANT'S OPERATIONS AND LOCATION/PREMISES</p> <p><b>OFFICE</b> <b>State: CA</b></p> <p>10-32 P/A 036 RT 009 20060410</p>	

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

- |  |  |             |             |        |             |       |       |       |       |       |       |       |       |
|--|--|-------------|-------------|--------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|
| <p>1. Business entity: _____<br/>1=Individual 2=Joint venture 3=Partnership<br/>4=Corporation 5=Limited Liab. Co. 6=Other</p> <p>2. Completely describe the operations at this location:<br/>_____<br/>_____<br/>_____</p> <p>3. How long has applicant been in this type of business:<br/>_____</p> <p>4. How long has applicant been at this location:<br/>_____</p> <p>5. Is any portion of the applicant's premises subleased: _____<br/>If yes, describe occupancy(ies) and related square footage:<br/>_____<br/>_____</p> <p>6. Describe all adjoining or adjacent occupancies and/or vacancies:<br/>_____<br/>_____</p> <p>7. Annual gross receipts: \$ _____</p> <p>8. Total area: _____ square feet<br/>Total customer area: _____ square feet</p> <p>9. Parking area or number of spaces: _____</p> <p>10. Building age: _____ years<br/>Date and extent of remodeling: _____</p> <p>11. Does the building's plumbing system have all copper supply pipes/no galvanized: _____</p> <p>12. Any remodeling or building construction work to be performed during the policy period: _____<br/>If yes, explain: _____</p> <p>13. Number of floors: _____</p> <p>14. Building class: 1=Frame 2=Other _____<br/>If other, explain: _____</p> <p>15. Plate glass (linear feet): _____</p> <p>16. Electrical system protected by: _____<br/>1=Fuses 2=Circuit breakers<br/>If fuses, indicate amperage: _____</p> | <p>17. Fire protection classification (NBC): _____</p> <p>18. Properly functioning fire extinguishers: _____<br/>Properly functioning sprinklers: _____<br/>Properly functioning smoke detectors: _____</p> <p>19. Fire alarm: _____<br/>1=Local 2=Central station 3=None<br/>Burglar alarm: _____<br/>1=Local 2=Central station 3=None</p> <p>20. Name of alarm company: _____<br/>Phone number: _____</p> <p>21. Any rental operations: _____<br/>If yes, describe: _____</p> <p>22. Any off-premises activities: _____<br/>If yes, describe: _____</p> <p>23. Describe all unusual operations or business practices not customary to this type of business:<br/>_____<br/>_____</p> <p>24. Describe all unusual hazards and unusual physical conditions at the property:<br/>_____<br/>_____</p> <p>25. 4-year policy history (Company/Pol.#/Dates)<br/>_____<br/>_____<br/>_____<br/>_____</p> <p>26. Loss history for the past 4 years:<br/>(include claims reported, unreported, and known occurrences which may result in claims):<br/> <table border="0"> <tr> <td>Description</td> <td>Date</td> <td>Amount</td> <td>Open/Closed</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> </p> <p>27. Has applicant had a fire loss at this or other property or business within 10 years:<br/>If yes, describe: _____</p> | Description | Date        | Amount | Open/Closed | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Description  | Date   | Amount      | Open/Closed |        |             |       |       |       |       |       |       |       |       |
| _____  | _____  | _____       | _____       |        |             |       |       |       |       |       |       |       |       |
| _____  | _____  | _____       | _____       |        |             |       |       |       |       |       |       |       |       |

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

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

If yes, explain:

30. Has producer seen risk in last 60 days:

Overall condition:

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

32. Does applicant own any other income property or business:

Note: If yes, attach an explanation.

33. Underwriter's comments:

**PROFESSIONAL LIABILITY EXCLUDED.**

**PERSONAL INJURY LIABILITY EXCLUDED.**

**PRODUCTS & COMPLETED OPERATIONS EXCLUDED.**

**NON-OWNED AUTO EXCLUDED.**

The person/firm shown on this application as "producer" is acting as an insurance broker.

- Coverage and premiums are subject to inspection and acceptance in writing by \_\_\_\_\_ No coverage will be effective without written confirmation by \_\_\_\_\_ Producer does not have binding authority.
- 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. 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 the producer has advised the applicant of this fact and complies with applicable law. *(Not applicable in the state of Washington.)*
- If the application is signed by the producer, the producer acknowledges that the producer has advised the applicant of all the above stated facts and the producer further acknowledges that the producer is acting with the authority of the applicant as the applicant's authorized agent in providing the information contained herein.

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NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		OFFICE 10-32 P/A 036 RT 009 20060410 State: CA

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## SECTION I PROPERTY COVERAGE

\$ \_\_\_\_\_ Building Coverage  
     \_\_\_% Coinsurance Applies  
 \$ \_\_\_\_\_ Deductible Applies  
 Circle All That Apply:  
     General Form  
     Special Form  
     Replacement Cost  
     Agreed Value  
     Inflation Guard: \_\_\_\_\_%  
     Ordinance or Law Coverage A  
  
 \$ \_\_\_\_\_ Ordinance or Law Coverage B  
  
 \$ \_\_\_\_\_ Ordinance or Law Coverage C  
     Applies to Building Coverage  
  
 \$ \_\_\_\_\_ Personal Property Coverage  
     \_\_\_% Coinsurance Applies  
 \$ \_\_\_\_\_ Deductible Applies  
 Circle All That Apply:  
     General Form  
     Optional Perils  
     Special Form  
     Replacement Cost  
  
 \$ \_\_\_\_\_ Accounts Receivable Endorsement  
  
 \$ \_\_\_\_\_ Valuable Papers and Records Endorsement  
     Loss of Earnings Endorsement  
 \$ \_\_\_\_\_ Each Thirty Days  
 \$ \_\_\_\_\_ Aggregate Limit  
  
 \$ \_\_\_\_\_ Loss of Rents Endorsement  
     60% Contribution Applies  
  
 \$ \_\_\_\_\_ Extra Expense Endorsement  
  
 \$ \_\_\_\_\_ Sign Endorsement  
     Special Deductible Terms Apply  
  
 \$ \_\_\_\_\_ Glass Coverage Endorsement  
     Maximum Limit Available: \$500  
     \$100 Deductible Applies

## SECTION II LIABILITY COVERAGE

Special Multi Peril Liability  
 Bodily Injury Liability and  
 Property Damage Liability  
 Combined Single Limit  
 \$ \_\_\_\_\_ 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)  
  
 \$0 Property Damage Deductible Applies  
 Per Each Occurrence  
 to all Liability Coverages

## SECTION III CRIME COVERAGE

\$ \_\_\_\_\_ Burglary Endorsement  
     \$500 Deductible Applies  
  
 \$ \_\_\_\_\_ Robbery (Inside/Outside)  
     \$100 Deductible Applies  
 Robbery Limitation Endorsement  
     Inside Cash Limit of \$500 Applies  
  
 \$ \_\_\_\_\_ Safe Burglary  
     \$100 Deductible Applies  
  
 Circle if Applies:  
 Home of Messenger Endorsement

(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:

ANTICIPATED EFFECTIVE DATE REQUESTED:

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