

APPLICATION

QUOTATION NUMBER

Page 1

EDITION DATE

NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER

PRODUCER

Robert Hawkins DBA Hawkins Insurance Services
P. O. Box 2207
Spring Valley, CA 91979-2207
619-670-1136
619-670-5026 F bondpro1@cox.net
DOI 0655770 OB33276

APPLICANT'S OPERATIONS AND LOCATION/PREMISES

APARTMENT

State: CA

10-12 P/A 079 RT 043 20140411

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

All questions pertain to the subject Location/Premises unless otherwise indicated. Attach additional pages if more space is needed to provide complete answers.

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, including the number of buildings and the number of units per building:

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

4. How long has applicant been at this location:

5. Describe any commercial tenants, including related square footage:

6. Number of commercial units currently available, vacant, unoccupied, or not rented: _____
7. Describe all adjoining or adjacent occupancies and/or vacancies:

8. Total annual apartment rental receipts: \$ _____
Total annual commercial occupancy rental receipts: \$ _____
9. Number of apartment units (including manager's unit): _____
Number of apartment units currently available, vacant, unoccupied, or not rented: _____
10. Building total area: _____ square feet
11. Parking area or number of spaces: _____
12. Building age: _____ years
a. If built before 1930, more than 25% wood siding: _____
1=Yes 2=No 3=N/A
b. Date and extent of remodeling: _____

13. Does the building's plumbing system have all copper supply pipes/no galvanized: _____
14. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
15. Number of floors: _____
16. Do units open to common interior hallways: _____
17. Construction type: _____
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. Heating system is: _____
1=Gas 2=Electric
If gas, are heaters properly vented: _____
23. Does the building owner/manager live on the premises: _____
24. Are dogs allowed on the premises: _____

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25. Number of pools, saunas, or jacuzzis:
a. Is the pool, sauna or jacuzzi fully enclosed by a fence: _____
b. Height of pool, sauna or jacuzzi fence: _____

26. Playground(s) or club facility(ies): _____

If yes, describe: _____

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

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

29. 4-year policy history (Company/Pol.#/Dates) _____

30. Loss history for the past 4 years:
(include claims reported, unreported, and known occurrences which may result in claims):
Description Date Amount Open/Closed

31. Has applicant had a fire loss at this or other property or business within 10 years: _____

If yes, describe: _____

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

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

If yes, explain: _____

34. Has producer seen risk in last 60 days: _____

Overall condition: _____

35. In the past six months, was property bank owned, in receivership, involved in bankruptcy proceedings or foreclosure: _____
36. 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
 ___ Extended 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 Coverage

Select One:

- ___ Actual Loss Sustained Subject to
 ___ Months Period of Restoration
___ Limit of \$ _____ Subject to
 ___% Coinsurance
___ Limit of \$ _____ Subject to
 1/___ Monthly Limit of Indemnity

Check if Applicable:

___ Extra Expense

\$ _____ Accounts Receivable Endorsement
 ___% 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 Damag
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

\$ _____ Contents Theft Endorsement
\$ _____ Deductible Applies

\$ _____ 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:

ANTICIPATED EFFECTIVE DATE REQUESTED:

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ADDITIONAL INTEREST INFORMATION

Names and Addresses (not required for quoting):

[illegible]

ADDITIONAL INFORMATION

[illegible]

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