



**PROPERTY COVERAGES, LIMITS AND PERILS**

BUILDING	AMOUNT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
2 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
3 <input type="checkbox"/> ACV <input type="checkbox"/> RC				

CONTENTS	AMOUNT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
2 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
3 <input type="checkbox"/> ACV <input type="checkbox"/> RC				

**INCOME**

AMOUNT \$	LIMITATION	CO INS %	<input type="checkbox"/> EARNINGS (CP60) <input type="checkbox"/> EXTRA EXPENSE (CP69) <input type="checkbox"/> COMBINATION (CP70)
-----------	------------	----------	--

**SIGNS**

DEDUCTIBLE	<b>GLASS</b>
	LINEAR FEET _____ <input type="checkbox"/> SCHEDULE ATTACHED \$ _____ Ded.

<b>RENT</b>	<b>FOOD SPOILAGE</b>	<b>RESTAURANT EXTENSION</b>
AMOUNT AT 100% UNITS	\$ _____ DEDUCTIBLE	CP-999 <input type="checkbox"/> YES <input type="checkbox"/> NO \$250 DEDUCTIBLE

**CRIME**

ON	OFF	DEDUCTIBLE (MIN \$250) \$	EMPLOYEE DISHONESTY <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	NUMBER OF EMPLOYEES
----	-----	---------------------------	--	---------------------

**MISCELLANEOUS**

---



---



---

**LIABILITY — GENERAL AGGREGATE LIMIT 1,000,000**

<input type="checkbox"/> GL 600 (PREMISES ONLY-LESSORS RISK) <input type="checkbox"/> GL 100 (ALL OTHER)	OCCURRENCE LIMIT
<input type="checkbox"/> GL 200 (BROAD FORM) <input type="checkbox"/> GL 300 OCP	<input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000

MEDICAL PAYMENTS (\$1,000 INCLUDED) INCREASE TO \$	FIRE LEGAL LIABILITY (\$50,000 INCLUDED) INCREASE TO \$
--	---

PRODUCT LIABILITY? — AGGREGATE ALWAYS SAME AS OCCURRENCE

<input type="checkbox"/> YES <input type="checkbox"/> NO	ANNUAL SALES \$ _____	RETAIL _____ %	WHOLESALE _____ %	PAYROLL \$ _____
--	-----------------------	----------------	-------------------	------------------

PERSONAL INJURY — SAME OCCURRENCE LIMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	HIRED AND NON-OWNED AUTO — SAME OCCURRENCE LIMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	NOT AVAILABLE IF DELIVERY IS PROVIDED OR IF THERE ARE OWNED AUTOS
--	---	---

TOTAL SQUARE FEET OF BUILDING	SQUARE FEET OCCUPIED	PARKING FACILITIES PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	SQUARE FEET
-------------------------------	----------------------	--	-------------

PREVIOUS CARRIER	PREMIUM \$
------------------	------------

LOSSES IN THE PAST FIVE YEARS?

YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

---



---

Applicant's Signature \_\_\_\_\_ Agent's Signature \_\_\_\_\_