

• Property Damage Coverage Extension:

- | | |
|--|----------------|
| Check one | <u>Premium</u> |
| <input type="checkbox"/> \$5,000/\$25,000 | included |
| <input type="checkbox"/> \$10,000/\$25,000 | \$75 |
| <input type="checkbox"/> \$25,000/\$25,000 | \$100 |
| <input type="checkbox"/> \$50,000/\$50,000 | \$125 |
| <input type="checkbox"/> \$100,000/\$100,000 | \$150 |

• Lost Key Coverage:

- | | |
|--|----------------|
| Check one | <u>Premium</u> |
| <input type="checkbox"/> \$5,000/\$5,000 | included |
| <input type="checkbox"/> \$10,000/\$25,000 | \$50 |
| <input type="checkbox"/> \$25,000/\$25,000 | \$75 |

12. Deductible: \$ _____ per claim (**\$250 minimum**)

13. Property information (if applicable):

Building: Construction type _____ Protection class _____
 Year built _____
 Year of update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Protective Safeguards: Sprinklers _____ %
 Fire Alarms Yes No
 Burglar Alarm Yes No
 Smoke detectors: Yes No
 If yes, central station _____ or local gong _____?
 If yes, central station _____ or local gong _____?

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	DEDUCTIBLE
Building					
Business Personal Property					
Tool Floater*					

*Any one floater item valued over \$1,000 must be scheduled.

14. Additional insureds-describe interests _____

15. Prior insurance information. If no prior insurance, check here.

Year (3 Years)	Insurance Company	Premium	Loss		Open/Closed
			\$ Paid	\$ Reserve	

Loss descriptions: _____

16. Is the applicant or any other person for whom insurance is being requested aware of any circumstances which may result in a claim? Yes No

17. Has the applicant or any other person for whom insurance is being requested had their insurance policy cancelled or non-renewed in the past 3 years? If yes, provide details. Yes No

18. Proposed effective date: _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____