



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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**DIFFERENCE IN CONDITIONS
 APPLICATION**

APPLICANT'S NAME _____

MAILING ADDRESS _____

DESIRED EFFECTIVE DATE: _____

PREVIOUS POLICY NUMBER & INSURER _____

DESCRIBE OPERATION(S) / PRODUCT(S) _____

Retail Sales ____% Wholesale Distributing ____% Manufacturing or Processing ____% Repair, Service ____%

GROSS ANNUAL SALES \$ _____ YEARS IN BUSINESS _____

COVERAGE & LIMITS DESIRED

PROPERTY ITEM(S) ___ REAL ___ PERSONAL ___ IMPROVEMENTS & BETTERMENTS

ADDITIONAL COVERAGES ___ LOSS OF INCOME ___ EARTHQUAKE ___ FLOOD
 ___ ADDITIONAL EXPENSES ____% 0-30 DAYS ___% 31-60 ___% 61-90 ___% OVER 90 DAYS
 ___ BROAD FORM FLOOD & WATER

VALUATION ___ ACTUAL CASH VALUE ___ REPLACEMENT COST

DEDUCTIBLES \$ _____ DIC \$ _____ EARTHQUAKE \$ _____ FLOOD OR BROAD FLOOD & WATER

LIMITS OF LIABILITY:

Location	Building Construction And occupancy	Real property Personal property Imp. & bettrmts.	Loss of Income	Additional Expense	Earthquake	Flood or Broad Form Flood And water
1. _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

UNNAMED LOCATIONS \$ _____ IN TRANSIT (ANY ONE CONVEYANCE) \$ _____

VALUES AT RISK:

Location	Real Property	Improvements and Betterments	STOCK		Furn. & fixt. Mach. & Equip.	Annual Gross Earnings
			Average	Maximum		
1. _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

BURGLARY PROTECTION:

Location	Describe grade and extent of burglar alarm			U.L. Certificate		Watchman Service (Describe)
	Local	Central Station	Police Connect.	Number	Expiration	
1. _____						
2. _____						
3. _____						

DESCRIBE LOSSES FOR THE PAST 3 YEARS:

DATE	AMT. PAID	DEDUCTIBLE	TYPE AND CAUSE OF LOSS

UNNAMED LOCATION COVERAGE INFORMATION:

INSTALLATIONS : Value of each - Average \$ _____ Maximum \$ _____
 Total Number Annually _____ Average Number any One Time _____

EXHIBITIONS: Total Number Annually _____ Duration Average _____ Maximum _____
 Value of each - Average \$ _____ Maximum \$ _____

OUTSIDE SALESMEN: Number Traveling _____ Average Values Each \$ _____

OTHER UNNAMED

LOCATION EXPOSURES: Average per Location \$ _____ Number of Locations _____
 Maximum per Location \$ _____ In the Aggregate at all Unnamed Locations \$ _____

PROPERTY IN TRANSIT:

Method of shipment	Total Annual Values Shipped at		Bill of Lading		Name Principal Carriers
	Insured's Risk (including interplant)		Released or	If released	
	Incoming	Outgoing	Full Value	State Basis	
Public Truckmen	\$ _____	\$ _____	_____	_____	_____
Railroad Freight	\$ _____	\$ _____	_____	_____	_____
Air Freight	\$ _____	\$ _____	_____	_____	_____
Insured's Vehicles*	\$ _____	\$ _____	_____	_____	_____

* If coverage on Insured's Vehicles: Number of: Trailers _____ Tractors _____ Trucks _____
 Average Age of Vehicles _____ Special Equipment - Refrigerator Units _____ Tank Trucks _____

PRINCIPAL POINTS OF ORIGIN

PRINCIPAL POINTS OF DESTINATION

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FLOOD COVERAGE INFORMATION:

Nearest Bodies of Water, Rivers or Streams - (Name & Distance):

Height above Flood Stage, Mean High Tide, or Low Elevation in the Area Subject to Surface Water:

History of Flooding or Damaging Surface Water at Insured Locations or in their Immediate Area:

Any Insured Property Stored in Basement? _____ Is Stock Skidded? _____

EARTHQUAKE COVERAGE INFORMATION:

Describe Construction: _____ Yr. Built _____ Number of Stories _____

E.Q. Class _____

Soil Conditions - _____ Firm Natural _____ Filled Ground

Load Carried By: _____ Steel Frame _____ Reinforced Concrete Columns _____ Building Walls

DESCRIBE BASIC PROPERTY COVERAGES:

LIMITS: _____

POLICY TERM: _____

INSURER: _____

Applicant Signature

Date

THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE INFORMATION CONTAINED HEREIN SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

FRAUD WARNING:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IMPORTANT NOTICE

AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

QUESTIONS TO BE ANSWERED BY AGENT

HOW LONG HAVE YOU KNOWN APPLICANT? _____

DO YOU RECOMMEND THIS RISK FROM A FINANCIAL & PHYSICAL STANDPOINT? _____ YES _____ NO

AGENT'S OR BROKER'S NAME & ADDRESS:
