



# BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)

|                    |                       |                                |                   |                 |             |              |
|--------------------|-----------------------|--------------------------------|-------------------|-----------------|-------------|--------------|
| AGENCY             | PHONE (A/C, No, Ext): | COMPANY                        | NAIC CODE:        |                 |             |              |
|                    | FAX (A/C, No):        |                                | POLICY #:         |                 |             |              |
|                    |                       | COMPANY POLICY OR PROGRAM NAME | PROGRAM CODE:     |                 |             |              |
|                    |                       |                                | TOTAL PREMIUM: \$ |                 |             |              |
| E-MAIL ADDRESS:    |                       | NEW                            | EFFECTIVE DATE    | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN |
|                    |                       | RNWL                           |                   |                 | AGENCY BILL |              |
| CODE:              | SUB CODE:             | QUOTE                          | ISSUE POLICY      | POLICY TYPE     |             | DEPOSIT      |
| AGENCY CUSTOMER ID |                       | BOUND (DATE):                  | STD               | SPEC            |             | \$           |

## APPLICANT INFORMATION

|                                   |                    |               |                        |     |                   |
|-----------------------------------|--------------------|---------------|------------------------|-----|-------------------|
| NAME (First Named Insured)        | INDIVIDUAL         | L L C         | GL CODE                | SIC | FEIN OR SOC SEC # |
|                                   | PARTNERSHIP        | JOINT VENTURE |                        |     |                   |
| MAILING ADDRESS (INCLUDING ZIP+4) | CORPORATION        | OTHER         | CONTACT FOR INSPECTION |     |                   |
|                                   |                    |               | PHONE (A/C, No, Ext):  |     |                   |
| INTERNET ADDRESS:                 | CREDIT BUREAU NAME |               |                        |     | ID NUMBER         |

## NATURE OF BUSINESS

|   |           |              |            |                       |
|---|-----------|--------------|------------|-----------------------|
| OFFICE  | RETAIL    | APARTMENTS   | RESTAURANT | DATE BUSINESS STARTED |
| SERVICE   | WHOLESALE | CONDOMINIUMS | CONTRACTOR |                       |
| DESCRIPTION OF OPERATIONS                                   |           |              |            |                       |
| RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK |           |              |            |                       |

## GENERAL INFORMATION

| PLEASE EXPLAIN ALL "YES" RESPONSES   | YES                      | NO                       | PLEASE EXPLAIN ALL "YES" RESPONSES   | YES                      | NO                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)   | <input type="checkbox"/> | <input type="checkbox"/> | 8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ARE ATHLETIC TEAMS SPONSORED?   | <input type="checkbox"/> | <input type="checkbox"/> | 9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES?  | <input type="checkbox"/> | <input type="checkbox"/> | 10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | <input type="checkbox"/> | <input type="checkbox"/> | 11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (NOT APPLICABLE IN MO)  | <input type="checkbox"/> | <input type="checkbox"/> | 12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  | <input type="checkbox"/> | <input type="checkbox"/> | 13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ANY WORKERS COMPENSATION CARRIED?   | <input type="checkbox"/> | <input type="checkbox"/> | 14. ANY CATASTROPHE EXPOSURE?  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 16. ANY UNCORRECTED FIRE CODE VIOLATIONS?  | <input type="checkbox"/> | <input type="checkbox"/> |

DESCRIBE ANY LOCATION / BUSINESS INTEREST OWNED / OPERATED BY INSURED BUT NOT LISTED

**PRIOR POLICY(IES)/LOSS HISTORY**  See attached loss summary

|   |               |               |          |                          |                    |
|---|---------------|---------------|----------|--------------------------|--------------------|
| PREVIOUS CARRIER  | POLICY NUMBER | TOTAL PREMIUM | EXP DATE | # LOSSES<br>LAST ___ YRS | TOTAL LOSSES<br>\$ |
| DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status) |               |               |          |                          |                    |

**POLICY LEVEL COVERAGES**

**LIABILITY (Choose the limit options compatible with the program you are requesting)**

| COVERAGE                     | LIMIT          | DED | COVERAGE          | LIMIT | DED |
|------------------------------|----------------|-----|-------------------|-------|-----|
| COMBINED SINGLE LIMIT        | \$             |     | HIRED AUTO        | \$    |     |
| BODILY INJURY & PROP DAMAGE  | OCCURRENCE     | \$  | NON-OWNED AUTO    | \$    |     |
|                              | AGGREGATE      | \$  | EMPLOYEE BENEFITS | \$    |     |
| MEDICAL EXPENSE (PER PERSON) | \$             |     |                   | \$    |     |
| DAMAGE TO RENTAL PREMISES    | \$             |     |                   | \$    |     |
| PROFESSIONAL LIABILITY       | \$             |     |                   | \$    |     |
| LIQUOR LIABILITY             |                |     |                   | \$    |     |
|                              | GEN. AGGREGATE | \$  |                   | \$    |     |
|                              | PER PERSON     | \$  |                   | \$    |     |
| OTHER: _____                 | \$             |     |                   | \$    |     |

**ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired**

| COVERAGE             | TOTAL AMOUNT                        | DED | END #s | COVERAGE       | TOTAL AMOUNT | DED | END #s |
|----------------------|-------------------------------------|-----|--------|----------------|--------------|-----|--------|
| EXTRA EXP            | ACTUAL LOSS SUSTAINED NO. OF MONTHS | \$  |        | COMPUTERS      | \$           | \$  |        |
|                      | \$                                  |     |        | ORD OR LAW     | \$           | \$  |        |
| LOSS OF INC          | ACTUAL LOSS SUSTAINED NO. OF MONTHS | \$  |        | ERISA          | \$           | \$  |        |
|                      | \$                                  |     |        | FLOOD          | \$           | \$  |        |
| VAL PAPERS           | \$                                  | \$  |        | EARTHQUAKE     | \$           | \$  |        |
| ACCNTS REC           | \$                                  | \$  |        | B & M BASIC    | \$           | \$  |        |
| SIGN                 | \$                                  | \$  |        | B & M BROAD    | \$           | \$  |        |
| EMPL DISHON          | \$                                  | \$  |        | B & M SPOILAGE | \$           | \$  |        |
| BRG/ROB STK          | \$                                  | \$  |        | TRANSIT        | \$           | \$  |        |
| BRG/ROB MNY          | \$                                  | \$  |        |                | \$           | \$  |        |
| MONEY & SEC - INSIDE | \$                                  | \$  |        |                | \$           | \$  |        |
| MONEY & SEC OUTSIDE  | \$                                  | \$  |        |                | \$           | \$  |        |
| SPOILAGE             | \$                                  | \$  |        |                | \$           | \$  |        |

**SPECIALTY PROGRAMS**

|   |
|---|
| RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION  |
| CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION  |
| PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS |

**ADDITIONAL INTEREST**  ACORD 45 ATTACHED

| INTEREST           | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |           |
|--------------------|-------|------------------|--------------|----------------------|-------------------------|-----------|
| ADDITIONAL INSURED |       |                  |              |                      | PREMISES:               | BUILDING: |
| LOSS PAYEE         |       |                  |              |                      | VEHICLE:                | BOAT:     |
| MORTGAGEE          |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |           |
| LIENHOLDER         |       |                  |              |                      | OTHER                   |           |
|                    |       |                  |              |                      | ITEM DESCRIPTION:       |           |

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|                       |      |                      |                          |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|

|  |        |                           |   |                      |                       |                     |   |                            |
|--|--------|---------------------------|---|----------------------|-----------------------|---------------------|---|----------------------------|
| <b>PREMISES</b>                            |        | PREM #:                   | BLDG #:   | BLANKET RATE         | YES                   | NO                  | ACORD 139 ATTACHED                        |                            |
| ADDRESS (Street, City, State)              |        | CHECK IF PRIMARY PREMISES |   | INTEREST             | PERCENTAGE OCCUPIED   |                     | SURROUNDING EXPOSURES & OTHER OCCUPANCIES |                            |
|  |        |                           |   | OWNER                |                       |                     | FRONT                                     | RIGHT                      |
|  |        |                           |   | TENANT               | SQUARE FEET OCCUPIED  |                     | REAR                                      | LEFT                       |
|  |        |                           |   | YEAR BUILT           |                       |                     | ANY AREA LEASED? YES NO                   |                            |
| COUNTY:                                    |        | ZIP:                      |   | PROT CLASS           | RATE TERR             | DISTANCE TO HYDRANT | FIRE DISTRICT/CODE NUMBER                 | INSIDE CITY LIMITS? YES NO |
|  |        |                           |   |                      |                       | FT MI               |   |                            |
| DESCRIPTION OF OPERATIONS AT THIS PREMISES |        |                           |   | BUILDING DESCRIPTION |                       |                     |   |                            |
| # OF EMPLOYEES                             |        | HOURS OF OPERATION        |   |                      | ANNUAL SALES/RECEIPTS |                     | TOTAL PAYROLL                             |                            |
|  |        | START TIME: CLOSING TIME: |   |                      | \$                    |                     | \$  |                            |
| CLASS CODE                                 | RATE # | RATE GROUP                | DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES |                      |                       |                     |   |                            |

|                       |             |              |               |              |           |                 |                   |           |                   |            |                          |  |                |    |
|-----------------------|-------------|--------------|---------------|--------------|-----------|-----------------|-------------------|-----------|-------------------|------------|--------------------------|--|----------------|----|
| <b>PROPERTY</b>       |             |              |               |              |           |                 |                   |           |                   |            |                          |  |                |    |
| BLDG                  | LIMIT \$    | % COINS      | VALUATION:    | RC           | ACV       | INFL %          | \$                | DED       | CONSTRUCTION TYPE |            |                          |  | TOT SQ FT AREA |    |
|                       |             |              |               | FVRC         |           |                 |                   | DED       |                   |            |                          |  | YES            | NO |
| PERS PROP             | LIMIT \$    | % COINS      | VALUATION:    | RC           | ACV       | (N/A)           | \$                | DED       | # STORIES         | % SPRNK    | BASEMENT PRESENT?        |  | YES            | NO |
|                       |             |              |               | FVRC         |           |                 |                   | DED       |                   |            | IS IT FINISHED?          |  | YES            | NO |
| BUILDING IMPROVEMENTS | WIRING YEAR | ROOFING YEAR | PLUMBING YEAR | HEATING YEAR | ROOF TYPE | BLDG CODE GRADE | INSPECTED? YES NO | COMM SPEC | TAX CODE          | WIND CLASS | SEMI-RESISTIVE RESISTIVE |  |                |    |

|   |  |       |  |     |  |            |  |                        |  |      |  |   |  |
|---|--|-------|--|-----|--|------------|--|------------------------|--|------|--|---|--|
| <b>LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)</b> |  |       |  |     |  |            |  |                        |  |      |  |   |  |
| COVERAGE  |  | LIMIT |  | DED |  | COVERAGE   |  | LIMIT                  |  | DED  |  |   |  |
| LIQUOR LIABILITY  |  |       |  |     |  |            |  |                        |  |      |  |   |  |
| GEN. AGGREGATE  |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
| PER PERSON  |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
| OTHER: _____  |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
|   |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
|   |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
|   |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
|   |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
|   |  | \$    |  |     |  |            |  | \$                     |  |      |  |   |  |
| CLASSIFICATION  |  |       |  |     |  | CLASS CODE |  | PREMIUM BASIS EXPOSURE |  | CODE |  | (S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other |  |

|   |                                     |          |            |                  |              |                          |                          |       |     |  |  |  |  |
|---|-------------------------------------|----------|------------|------------------|--------------|--------------------------|--------------------------|-------|-----|--|--|--|--|
| <b>ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired</b> |                                     |          |            |                  |              |                          |                          |       |     |  |  |  |  |
| COVERAGE  | TOTAL AMOUNT                        | DED      | END #s     | COVERAGE         | TOTAL AMOUNT | DED                      | END #s                   |       |     |  |  |  |  |
| EXTRA EXP   | ACTUAL LOSS SUSTAINED NO. OF MONTHS | \$       |            | SPOILAGE         | \$           | \$                       |                          |       |     |  |  |  |  |
|   | \$                                  |          |            | COMPUTERS        | \$           | \$                       |                          |       |     |  |  |  |  |
| LOSS OF INC   | ACTUAL LOSS SUSTAINED NO. OF MONTHS | \$       |            | ORD OR LAW       | \$           | \$                       |                          |       |     |  |  |  |  |
|   | \$                                  |          |            | FLOOD            | \$           | \$                       |                          |       |     |  |  |  |  |
| VAL PAPERS  | \$                                  | \$       |            | EARTHQUAKE       | \$           | \$                       |                          |       |     |  |  |  |  |
| ACCNTS REC  | \$                                  | \$       |            | B & M BASIC      | \$           | \$                       |                          |       |     |  |  |  |  |
| SIGN  | \$                                  | \$       |            | B & M BROAD      | \$           | \$                       |                          |       |     |  |  |  |  |
| EMPL DISHON   | \$                                  | \$       |            | B & M SPOILAGE   | \$           | \$                       |                          |       |     |  |  |  |  |
| BRG/ROB STK   | \$                                  | \$       |            | TRANSIT          | \$           | \$                       |                          |       |     |  |  |  |  |
| BRG/ROB MNY   | \$                                  | \$       |            |                  | \$           | \$                       |                          |       |     |  |  |  |  |
| MONEY & SEC - INSIDE  | \$                                  | \$       |            |                  | \$           | \$                       |                          |       |     |  |  |  |  |
| MONEY & SEC OUTSIDE   | \$                                  | \$       |            |                  | \$           | \$                       |                          |       |     |  |  |  |  |
| GLASS   | LOCATION IN BUILDING                | # PLATES | AREA SQ FT | LENGTH LINEAR FT | GLASS TYPE   | INTERIOR                 | TENANTS EXT              | VALUE | DED |  |  |  |  |
|   | GROUND FLOOR GLASS                  |          |            |                  |              | <input type="checkbox"/> | <input type="checkbox"/> | \$    | \$  |  |  |  |  |
|   | ABOVE GROUND FLOOR GLASS            |          |            |                  |              | <input type="checkbox"/> | <input type="checkbox"/> | \$    | \$  |  |  |  |  |

|  |  |  |  |     |    |   |                |              |              |            |    |  |  |
|--|--|--|--|-----|----|---|----------------|--------------|--------------|------------|----|--|--|
| <b>PREMISES GENERAL INFORMATION</b>  |  |  |  |     |    |   |                |              |              |            |    |  |  |
|  |  |  |  | YES | NO |   |                |              |              | YES        | NO |  |  |
| 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)          |  |  |  |     |    | 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? |                |              |              |            |    |  |  |
| 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:  |  |  |  |     |    | 5. IS THERE A SWIMMING POOL ON PREMISES?                    |                |              |              |            |    |  |  |
| 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. |  |  |  |     |    | YES   | FENCED         | DIVING BOARD | ABOVE GROUND | LIFE GUARD |    |  |  |
|  |  |  |  |     |    | NO  | LIMITED ACCESS | SLIDE        | IN - GROUND  |            |    |  |  |

**REMARKS (Attach additional sheets if more space is required)**

**APARTMENTS AND CONDOMINIUMS**

|   |                            |                         |  |      |         |       |
|---|----------------------------|-------------------------|--|------|---------|-------|
|   | YES                        | NO                      |  | YES  | NO      |       |
| 1. IS THERE A PLAYGROUND ON PREMISES?                   |                            |                         | 5. SMOKE DETECTORS:  | NONE | BATTERY | WIRED |
| 2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION) |                            |                         | 6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED. |      |         |       |
| 3. # OF FIRE DIVISIONS:                                 | # UNITS PER FIRE DIVISION: | # UNITS OWNER OCCUPIED: | 7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?                            |      |         |       |
| 4. INDICATE WHERE COVERAGE APPLIES TO:                  | BARE WALLS                 | FINISHED WALLS          | 8. IS A PROPERTY MANAGER EMPLOYED?                                       |      |         |       |

**CRIME**

| ALARM TYPE   | ALARM DESCRIPTION                            | GRADE                             | EXTENT OF PROTECTION  |   |                        | SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME | LABEL   |
|--|--|-----------------------------------|-----------------------|---|------------------------|---|---|
| <input type="checkbox"/> HOLD-UP<br><input type="checkbox"/> PREMISES<br><input type="checkbox"/> SAFE/VAULT | <input type="checkbox"/> LOCAL GONG          | CERT #:<br><br>EXP DATE:          | SAFE/VAULT            | PREMISES ALARM  |                        |   | <input type="checkbox"/> UL<br><input type="checkbox"/> SMNA<br>CLASS |
|  | <input type="checkbox"/> CNTRL STAT W/ KEYS  |                                   | PARTIAL               | 1   | 2                      | 3   |   |
|  | <input type="checkbox"/> CNTRL STAT W/O KEYS |                                   | COMPLETE              |   |                        |   |   |
|  | <input type="checkbox"/> POLICE CONNECT      |                                   |                       |   |                        |   |   |
| MAXIMUM CASH ON PREMISES<br>\$   | MAXIMUM CASH WITH MESSENGER<br>\$            | MONEY ON PREMISES OVERNIGHT<br>\$ | FREQUENCY OF DEPOSITS | DEADBOLT CYLINDER DOOR LOCKS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | SAFE DOOR CONSTRUCTION |   |   |
| OTHER PROTECTION (Lighting, fences, watchpersons, etc)   |  |                                   |                       |   |                        |   |   |

**REMARKS (Attach additional sheets if more space is required)**

**ATTACHMENTS**

|  |                                     |
|--|-------------------------------------|
| REMARKS (Attach additional sheets if more space is required) | STATE SUPPLEMENT(S) (If applicable) |
|--|-------------------------------------|