

NORTH POINTE INSURANCE COMPANY
 NORTH POINTE CASUALTY INSURANCE COMPANY

BUSINESSOWNERS APPLICATION

AGENT _____ AGENT CODE _____ DATE _____

BOUND NEW RENEWAL ENDORSEMENT _____ EFFECTIVE DATE _____
Policy Number

A. APPLICANT DATA

1. Applicant: Individual Partnership Corporation Other _____

Name _____

Mailing Address _____ City _____ State _____ ZIP _____

Contact Person (for inspection) _____ Telephone Number _____ No. of Locs. on policy: _____

2. Location # _____, Building # _____ (Complete separate application for each location and building.) No. of buildings at this location: _____

Location (if different than 1 above) _____ City _____ State _____ ZIP _____

3. Business Description (If office occupancy, identify type of operations. If lessor's risk, list all tenants.): _____

Years in Business: _____ Business Hours: _____ to _____

4. Construction Type (ISO) _____ No. of Stories _____ Year Built _____ Total Floor Area: _____ Applicant: _____ sq. ft.

5. Fire District Name: _____ Wind Zone: _____ BCEG: Yes – Cert. Of Occupancy Year: _____

6. Protection Class (ISO) _____ Sprinklered Central Station Alarms: Fire Burglary Any residential occupancy? _____

7. Applicant Interest: Building Owner Occupant Office/Commercial Condo Unit Owner Com'l. Condo Association

_____ % leased to others Describe other occupants: _____

8. Annual Business Income Exposures: Gross Sales \$ _____ or Net Profit \$ _____ Gross Rental Income \$ _____

9. Does applicant have any business operations or locations not described on this (or attached) application(s)? No Yes (Exclude) -

Describe: _____

10. Any losses during last 3 years (whether covered by insurance or not) No Yes - describe: _____

11. Previous insurance provider: _____ Cancelled or Non-Renewed? No Yes - explain below

B. BASIC COVERAGE

1. Building Value (100%): \$ _____ Replacement Cost Actual Cash Value Automatic Increase: _____ % Annually

2. Business Personal Property Limit: \$ _____ Include Theft

NOTE: Include value of computer equipment and media in Business Personal Property limit..

3. Windstorm and Hail is to be: Excluded

4. Deductibles: \$500 (Standard) \$1,000 \$2,500 \$5,000 Windstorm or Hail Deductible _____ %

5. Business Income and Extra Expense: Three Months (Standard) Six Months Twelve Months Delete Coverage

6 General Liability Occurrence Limit: \$300,000 (standard) \$500,000 \$1,000,000

NOTE: General Aggregate Limit will be twice the Occurrence Limit. Products Aggregate Limit will be equal to the selected Occurrence Limit.

C. PROPERTY OPTIONS

- 1. Outdoor Signs Limit: \$ _____
 - 2. Money & Securities (Inside/Outside): \$5,000/\$2,000 \$5,000/\$5,000 \$10,000/\$2,000 \$10,000/\$10,000
 - 3. Employee Dishonesty: \$5,000 \$10,000 \$20,000 \$50,000 ERISA No. of Employees: _____ (All Locations)
 - 4. Ordinance Or Law: Cov. 1 (same as building limit) Cov. 2 – Limit \$ _____ Cov. 3 – Limit \$ _____ (\$10,000 Included)
 - 5. Spoilage: Breakdown or Contamination – Limit \$ _____ Power Outage – Limit \$ _____
 - 6. Personal Property Off Premises (\$5,000 is included in Basic Policy): Increase to \$7,500 \$10,000
 - 7. Accounts Receivables (\$10,000 is included in Basic Policy): Increase to \$ _____ (\$200,000 Maximum)
 - 8. Valuable Papers and Records (\$10,000 is included in Basic Policy): Increase to \$ _____ (\$30,000 Maximum)
 - 9. Condominium Optional Coverages: Loss Assessment – Limit \$ _____ (\$5,000 Min.) Misc. Real Property – Limit \$ _____
 - 10. Business Income From Dependent Properties (\$5,000 is included in Basic Policy): Increase to \$ _____
 - 11. Forgery and Alteration (Limit will match Employee Dishonesty limit selected): Yes
 - 12. Mortgagee(s)/Loss Payee(s): **Name** **Address** **Mtgee.** **L/P**
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

D. LIABILITY OPTIONS

- 1. Tenants Fire Liability (\$100,000 is included in Basic Policy): Increase to \$300,000 \$500,000 \$750,000 \$1,000,000
 - 2. Medical Payments (\$5,000 is included in Basic Policy): Increase to \$10,000
 - 3. Hired Auto and Non-Owned Auto Liability: Yes (Limit will match the General Liability Occurrence Limit.)
 - 4. Professional Liability: Barber Shop # of Barbers (this Loc.): _____ Full Time _____ Part Time # of Manicurists (this Loc.): _____
 Beauty Shop # of Beauticians (this Loc.): _____ Full Time _____ Part Time # of Manicurists (this Loc.): _____
 Funeral Directors # of funerals conducted annually: _____ Hearing Aid Services Opticians
 - 5. Additional Insured(s): **Name** **Interest**
- | | | |
|--|--|--|
| | | |
| | | |
- 6. Employee Benefits Liability: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
Number of Employees: _____ (All Locations)
 - 7. Liquor Liability Coverage - Occurrence/Aggregate Limit: \$100,000 \$300,000 \$500,000 \$1,000,000

E. COMMENTS _____

F. STATEMENTS

WARNING: 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 civil penalties. (Under Florida Statute 817.234, such action is a felony of the third degree.) It may also prevent recovery under this policy.

APPLICANT – I DECLARE THE INFORMATION STATED IN THIS APPLICATION TO BE TRUE AND REQUEST THE COMPANY TO ISSUE THIS INSURANCE POLICY AND ANY RENEWALS THEREOF IN RELIANCE THEREON.

APPLICANT'S SIGNATURE	TITLE	DATE
AGENT - <input type="checkbox"/> Coverage is bound.		
AGENT'S SIGNATURE	LICENSE NUMBER	DATE