



# Select Business Policy

Please attach to Basic App or ACORD 125.

Complete this section for EACH LOCATION		Loc #	Bldg #
Street, City, County, ST, Zip: _____			
Year Built: _____	City Limits:	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside
	Interest:	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____
<b>Occupants</b>			
(Identify all occupants and percentage of bldg each occupies)		_____ %	_____ %
_____		_____ %	_____ %
_____		_____ %	_____ %
Right Exposure and Distance		_____	_____ feet
Left Exposure and Distance		_____	_____ feet
Rear Exposure and Distance		_____	_____ feet
Construction Type:		<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Res <input type="checkbox"/> Fire Resistive	
Fire District/Code # _____		Protection Class _____	
# of Stories _____		# of Basements _____	
Year of last improvement/ inspection:			
Wiring _____	Roofing _____	Plumbing _____	
Heating _____	Other: _____	(for _____ )	
	Amount of Ins	Coins %	Valuation*
Building	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Bus. Persnl Prpty	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Persnl Prop of Others	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
BI & Extra Exp	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Deductible	_____		
<b>FIRE/BURGLAR PROTECTION...</b>			
- Fire Alarm Mfg: _____		<input type="checkbox"/> Local Gong	<input type="checkbox"/> Central Station
- Burglar Alarm Type: _____			
Installed by: _____			
Certificate #: _____		Expiration date: _____	
Extent: _____		Grade: _____	
<input type="checkbox"/> Central Station		<input type="checkbox"/> With keys	
Other notes: _____			
<b>COVERAGE SELECTIONS (apply to all locations)</b>			
<input type="checkbox"/> <b>Newly Acquired or Constructed Locations for 90 days after acquisition or construction start</b>			
Limit of Insurance:	Building: \$ _____	Bus. Persnl Prop: \$ _____	
	Business Income: \$ _____		
<input type="checkbox"/> <b>At any other location;</b>	Limit of Insurance: \$ _____		
<input type="checkbox"/> <b>In Transit In or On Any One Conveyance;</b>	Transit Deductible: \$ _____		
<input type="checkbox"/> <b>Building Ordinance</b>	- A: Loss to damaged part of building: \$ _____		
<b>Limits of Insurance:</b>	- B: Cost to demolish and remove: \$ _____		
	- C: Increased cost of construction: \$ _____		
<input type="checkbox"/> <b>Inflation Guard</b>	_____ %		
<b>Other Inland Marine Coverages:</b>		<input type="checkbox"/> Contractors Equipment	<input type="checkbox"/> Builders Risk
[attach appropriate application(s)]		<input type="checkbox"/> Valuable Papers	<input type="checkbox"/> EDP
<b>OPTIONAL COVERAGES...</b>		Limit of Ins (per Occ)	Limit of Ins. Aggregate
<input type="checkbox"/> Flood	_____	_____	_____
<input type="checkbox"/> Earthquake	_____	_____	_____
<input type="checkbox"/> Select Business Policy Plus Endorsement...	_____	_____	_____ with Contamination