

**BUSINESS OWNERS SECTION**

DATE (MM/DD/YYYY)

AGENCY NAME Midwest Security Insurance Services Inc				CARRIER		NAIC CODE
POLICY NUMBER			EFFECTIVE DATE	FIRST NAMED INSURED		
POLICY TYPE	STANDARD	SPECIAL				

PREMIUM

	PREMIUM		PREMIUM
BUILDING	\$	SCHEDULE CREDITS	\$
PERSONAL PROPERTY	\$	DEDUCTIBLE CREDITS	\$
LIABILITY	\$	TAXES SURCHARGE	\$
OPTIONAL COVERAGES	\$		\$
	\$		\$
MINIMUM PREMIUM	\$	TOTAL ESTIMATED PREMIUM	\$

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y/N																								
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)																										
2. ARE ATHLETIC TEAMS SPONSORED?																										
<table border="1"> <tr> <td>TYPE OF SPORT</td> <td>CONTACT SPORT (Y/N)</td> <td>AGE GROUP</td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER</td> <td><input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:				<table border="1"> <tr> <td>TYPE OF SPORT</td> <td>CONTACT SPORT (Y/N)</td> <td>AGE GROUP</td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER</td> <td><input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:				
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EXTENT OF SPONSORSHIP:																										
3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)																										
4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?																										
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5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?																										
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6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?																										
7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?																										
8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																										
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9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?																										
START TIME:	END TIME:	24 HOUR OPERATIONS <input type="checkbox"/>																								

REMARKS

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LIABILITY COVERAGES - POLICY LEVEL

COVERAGE	TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE \$ AGGREGATE \$	\$				\$
MEDICAL EXPENSE(per person)	\$	\$				\$
PERSONAL & ADVERTISING INJURY	\$	\$				\$
PRODUCTS & COMPLETED OPERATIONS	\$	\$				\$
PROFESSIONAL LIABILITY						
EMPLOYMENT PRACTICES LIABILITY (EPLI)	\$ RETROACTIVE DATE:	\$				\$
DIRECTORS & OFFICERS	\$ RETROACTIVE DATE:	\$				\$
TENANTS LEGAL LIABILITY	\$	\$				\$
AUTO - HIRED PHYSICAL DAMAGE	\$	\$				\$
AUTO - HIRED LIABILITY						
BODILY INJURY	\$	\$				\$
PROPERTY DAMAGE	\$	\$				\$
AUTO - NON-OWNED	\$	\$				\$
EMPLOYEE BENEFITS LIABILITY	\$ RETROACTIVE DATE:	\$				\$
EXTENDED EMPLOYEE DISHONESTY	\$	\$				\$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE	\$	\$				\$
GARAGE						
COLLISION	\$	\$				\$
COMPREHENSIVE / OTC	\$	\$				\$
GARAGE KEEPERS						
LOC #:	\$	\$				\$
LOC #:	\$	\$				\$
LOC #:	\$	\$				\$
<input type="checkbox"/> LEGAL <input type="checkbox"/> DIRECT	\$	\$				\$
LIQUOR LIABILITY						
GENERAL AGGREGATE	\$	\$				\$
PER PERSON	\$	\$				\$
OTHER:	\$	\$				\$
MEDICAL PAYMENTS	\$	\$				\$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS	\$	\$				\$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

Coverages Schedule Attached

COVERAGE	LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$

PREMISES BLANKET RATE (Y/N):

BUILDING DESCRIPTION	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES CHECK IF PRIMARY PREMISES <input type="checkbox"/>
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SURROUNDING EXPOSURES & OTHER OCCUPANCIES

RIGHT EXPOSURE	LEFT EXPOSURE	FRONT EXPOSURE	REAR EXPOSURE
DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
ANNUAL SALES / RECEIPTS \$	TOTAL PAYROLL \$	CLASS CODE	RATE #
		RATE GROUP	PROT CLASS
		RATE TERRITORY	
DISTANCE TO HYDRANT FT	FIRE DISTRICT MI	FIRE DISTRICT CODE NUMBER	

PROPERTY

BLDG	LIMIT \$	% COINS	VALU- ATION:	RC	FVRC	ACV	INFL %	DEDUCTIBLE TYPE:	\$	DED
PROP PERS	LIMIT \$	% COINS	VALU- ATION:	RC	FVRC	ACV	INFL %	DEDUCTIBLE TYPE:	\$	DED
YEAR BUILT	CONSTRUCTION TYPE			# STORIES	% SPRINK	BASEMENT PRESENT? (Y/N):		WIND CLASS	SEMI-RESISTIVE	
						IS IT FINISHED? (Y/N):		RESISTIVE		
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR		TAX CODE
								<input type="checkbox"/> COMMUNITY	<input type="checkbox"/> SPECIFIC PROPERTY	

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (Including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			\$	\$				\$
ANIMAL COVERAGE			\$	\$				\$
BAILEES LIABILITY			\$	\$				\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			\$	\$				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			\$	\$				\$
BUSINESS INCOME			ACTUAL LOSS SUSTAINED NO. OF MONTHS BUSINESS INCOME CHANGES - TIME PERIOD	\$				\$
BUSINESS INCREASE FROM DEPENDENT PROPERTIES			\$	\$				\$
BUSINESS INCOME WITH EXTRA EXPENSE			\$	\$				\$
COMBINED DEMOLITION COST AND INCREASED CONST COST			\$	\$				\$
DEBRIS REMOVAL			\$	\$				\$
CONDO UNIT								
OWNER'S LOSS ASSESSMENT			\$	\$				\$
OWNER'S MISCELLANEOUS REAL PROPERTY			\$	\$				\$
CRIME								
EMPLOYEE DISHONESTY			\$	\$				\$
FORGERY OR ALTERATION			\$	\$				\$
MONEY & SECURITIES - INSIDE			\$	\$				\$
MONEY & SECURITIES - OUTSIDE			\$	\$				\$
WELFARE & PENSION PLAN (ERISA)			\$	\$				\$
EARTHQUAKE			TERR:	\$				\$
			RETROFIT TYPE:					\$
			MASONRY VENEER: %	%				\$
EDP / COMPUTER								
EQUIPMENT			\$	\$				\$
EXTRA EXPENSE			\$	\$				\$
DATA / MEDIA			\$	\$				\$
EQUIPMENT BREAKDOWN								
BASIC			\$	\$				\$
BROAD			\$	\$				\$
SPOILAGE			\$	\$				\$

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE		Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?		
DATE OF LAST INSPECTION	CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD
<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND
<input type="checkbox"/> LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N
1. IS THERE A PLAYGROUND ON PREMISES?		
2. IS ALUMINUM WIRE USED?		
INSTALLATION DATE	DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)		
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)		
COVERAGE APPLIES TO	SMOKE DETECTORS:	# OF FIRE DIVISIONS
<input type="checkbox"/> BARE WALLS	<input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE
<input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> BATTERY	<input type="checkbox"/> WIRE
		# UNITS PER FIRE DIVISION
		# UNITS OWNER OCCUPIED

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE / VAULT	PREMISES ALARM 1 2 3			<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				<input type="checkbox"/> CLASS
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				
	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION		
\$	\$	\$					

OTHER PROTECTION (Lighting, fences, watchpersons, etc.)

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as extended on December 22, 2005, you now have a right to purchase insurance coverage for losses resulting from acts of terrorism as defined in section 102(1) of the Act.

The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight, December 31, 2014, the date on which the Terrorism Risk Insurance Act is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED CONTAINS A \$100 BILLION CAP THAT LIMITS US GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

Acceptance or Rejection of Terrorism Insurance Coverage:

Please initial each of your choices and sign below. Please return this page along with your signed coverage Order Form. Your policy will be issued reflecting your selection or rejection of this coverage.

I hereby elect to purchase terrorism coverage for the prospective premium.

I hereby decline to purchase terrorism coverage. I understand that as of the effective date of coverage shown on the Leading Insurance Company quotation, I will have no coverage for losses arising from acts of terrorism.

Policyholder/applicant's signature

Print name

Date

GENERAL FRAUD STATEMENT

In New York, 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey, any person who includes any false or misleading information on any application for an insurance policy is subject to criminal and civil penalties.

In Pennsylvania, 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.

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant's signature

Date