

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 -**      Coverage is bound.     \_\_\_\_\_     AGENT'S SIGNATURE     \_\_\_\_\_     LICENSE NUMBER     \_\_\_\_\_     DATE