BUSINESSOWNERS (BOP) APPLICATION CHECKLIST

GENERAL INFORMATION

1. Complete all sections of the application. Incomplete applications will be returned. Duplicate insurance is not permitted.

2. Answer all questions on property damage losses. Buildings with unrepaired damage are not eligible for BOP coverage but may be eligible for a Commercial Fire policy if a fully signed repair contract with a licensed contractor is submitted with the application.

3. Buildings are typically covered on a Replacement Cost basis. Actual Cash Value (ACV) coverage can be requested by the applicant or broker. If the buildings are over 25 years of age, the roof, wiring, plumbing and heating must be updated in the past 25 years to qualify for Replacement Cost coverage.

4. Buildings which are substantially vacant or unoccupied (over 50%) are not eligible for coverage under the BOP program but may be eligible under the Commercial Fire program.

5. A fully completed and signed application can be faxed to (213) 252-8084, emailed to cfpuw@cfpnet.com or mailed to P.O. Box 76924, Los Angeles, CA 90076-0924.

GENERAL GUIDELINES

1. The BOP policy is designed for small to medium size businesses. Coverage can be provided for eligible retail, office, service, and processing risks; for either the tenant conducting the business or the owner of the building. Owners of apartment buildings are eligible for coverage provided the building is no more than six (6) stories in height and contains no more than 60 dwelling units.

2. Multiple buildings at the same location can be insured on one policy. Be sure to list all buildings on the application. If insurance is required for buildings, structures, or business personal property at different locations, submit a separate application for each location address.

COVERAGES AVAILABLE

1. Standard Coverages Available include: Fire, Lightning, Explosion, Windstorm or Hail, Smoke, Aircraft or Vehicles, Riot or Civil Commotion, Vandalism, Sprinkler Leakage, Sinkhole Collapse, Volcanic Action, Transportation of Covered Property in Course of Transit, Business Liability, and Medical Expenses. See policy for any limitations of coverage.


3. Optional Coverages Available (subject to meeting any Underwriting requirements): Burglary and Robbery (including Money and Securities). See policy for any limitations of coverage.
### Applicant Information

- **First**
- **Middle**
- **Last**
- **Address**
- **City**
- **State**
- **ZIP**

### Broker Information

- **Name**
- **Telephone #**
- **License #**
- **FED ID or SOC SEC #**

### General Information

- **Applicant’s Operation / Occupancy**
- **Premises / Location**
- **Address**
- **City**
- **County**
- **State**
- **ZIP (must be included)**

- **Named Applicant**
  - Individual
  - Partnership
  - Corporation
  - Joint Venture
  - Other (explain):

- **Applicant Interest**
  - Lessor
  - Owner/Occupant
  - Tenant
  - Association

### Building Updates

- **Year Built**
- **Year Reroofed**
- **Year Rewired**
- **Year Replumbed**
- **Year Heating Updated**

### Security Guard Information

- **Guard Dog on Premises?**
  - Yes
  - No

- **Security Guard on Premises?**
  - Yes
  - No

### Is building under renovation? Yes, explain.

- **Yes**
- **No**

### Has the property been the subject of any health or safety investigations or citations from any governmental authorities within the last three years? Yes, please provide a full description.

- **Yes**
- **No**

### Any unrepaired damage?

- **Yes**
- **No**

### Prior Insurance and Loss Information

<table>
<thead>
<tr>
<th>Year</th>
<th>Previous Carrier</th>
<th>Policy Number</th>
<th>Cancellation / Termination Date</th>
<th>Reason for Termination</th>
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1. Has the FAIR Plan ever refused coverage, cancelled coverage, or non-renewed coverage at this location? **Yes** **No**

2. Has any proposed insured, or the property sought to be insured, been the subject of any claim or suit within the last three years? **Yes** **No**

### Claim Information

- **Type / Description of Occurrence or Claim**
- **Date of Claim**
- **Amount Paid**
- **Amount Reserved**
- **Claim Open**

- **Yes**
- **No**

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LIMITS OF INSURANCE

Property Coverage - One location per policy. Coverage for multiple buildings at the same described premises is available for eligible occupancy.

<table>
<thead>
<tr>
<th>BLDG.</th>
<th>BPP</th>
<th>COIN.</th>
<th>POL. DED.</th>
<th>A/S</th>
<th>YEAR BUILT</th>
<th>CONSTR.</th>
<th># STORIES</th>
<th>OCCUPANCY (Description of Operations)</th>
<th>PERCENT VACANT</th>
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<tbody>
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<td>#1</td>
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</table>

BPP: Business Personal Property  
Coinurance: 80% (std) - 90% - 100%  
Deductible: $500 (std) - $1,000 - $2,500  
A/S: Fully Sprinklered  
P/C: Protection Class

Construction:  
Frame (1) - Joisted Masonry (2) - Noncombustible (3) - Masonry Noncombustible (4) - Fire Resistant (5)

* If any of the buildings on the property have an address different than that of Building #1, please provide those addresses in the REMARKS section.

Business Personal Property Coverage - Seasonal Increases

The limit of insurance for BPP will automatically increase by 25% for seasonal variations in stock values while insured at 100% of the average monthly values.

Average Monthly Value of Stock: $  
Maximum Value of Stock: $  

Business Liability

- Business Liability: $300,000 per Occurrence, $600,000 Aggregate Limit  
- Medical Payments: $5,000 per Person  
- Products Liability: $300,000 per Occurrence, $300,000 Aggregate Limit  
- Fire Legal Liability: $50,000 per Fire or Explosion

OPTIONAL COVERAGE: BURGLARY AND ROBBERY

☐ Check if Burglary and Robbery Coverage is desired  
Burglary and Robbery: (Deductible $500)

- 25% of Business Personal Property Limit or $15,000, whichever is less.

Money and Securities:

- $5,000 on Premises / $2,000 off Premises

SERVICES / RETAIL / PROCESSING

Nature of Operation / Product Description

Annual Gross Sales $  
Total Square Feet Occupied by Applicant

Percentage of Business Done by Applicant in Service and Installation?  
Percentage of Receipts from Off Premises Operations?  

Any alcoholic beverages sold or consumed on premises?  
Do alcohol sales exceed 15% of gross sales? (including beer and wine)

LESSORS RISK

Total Building Area  
Any Mercantile Occupancies  

List Commercial Operations and Area Occupied.

APARTMENT BUILDINGS

Number of Units

Swimming Pool? If "YES", how many.  
Pool Areas Fenced with Self-Latching Gate?  
Safety Rules Posted in Area?

### FIRE PROTECTION INFORMATION

Is the property inside City Limits?  
| YES | NO | If "No", provide Assessor Parcel Number (APN) and/or Latitude / Longitude of the property: |

| APN: | Latitude / Longitude: |

Estimated number of miles from fire station: 
Estimated distance from public fire hydrant: ______ feet

### MORTGAGEE / LOSS PAYEE / ADDITIONAL INTEREST

| Mortgagee | Loss Payee | Additional Insured - Mgrs. or Lessors of Premises | Additional Insured - Lessor of Leased Equipment | Additional Insured - Co-Owner of Insured Premises | Certificate of Insurance Required | Other: |

#### NAME AND ADDRESS

| BUILDING # |

| LOAN # |

| Mortgagee | Loss Payee | Additional Insured - Mgrs. or Lessors of Premises | Additional Insured - Lessor of Leased Equipment | Additional Insured - Co-Owner of Insured Premises | Certificate of Insurance Required | Other: |

#### NAME AND ADDRESS

| BUILDING # |

| LOAN # |

### REMARKS

### INSPECTION CONTACT

Name and daytime telephone number of person who will accompany inspector during normal business hours?

| Name | Daytime Phone Number or Cell Phone Number |

### CERTIFICATION (Signature Required)

I am the applicant or authorized representative of the applicant. I have examined the entire application and provided the required information, which is correct to the best of the applicant’s knowledge.

I hereby certify that I am aware (or, if the broker, that I made the applicant aware) (1) that the FAIR Plan does not pay more for any loss than the policy limits requested in this application and stated in the policy issued; (2) that there are resources available that may help determine the adequacy of the policy limits requested in this application; and (3) that any inadequacy of the insurance ordered by this application is not the responsibility of the FAIR Plan.

Signature of the Broker or Applicant ___________________________  
Date ___________________________