

TODAY'S DATE		QUOTE NUMBER	
EFFECTIVE DATE		<input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL \$ (attached) _____	
<b>APPLICANT</b>		<b>AGENCY</b>	
APPLICANT NAME		AGENCY NAME	AGENT CODE
OWNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____		PRODUCER NAME	
DBA		PHONE (     )	
MAILING ADDRESS		IS BUSINESS CURRENTLY OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FULL TIME OPERATION <input type="checkbox"/> SEASONAL OPERATION	LENGTH OF TIME IN BUSINESS
CITY	STATE	ZIP	THIS LOCATION
INSPECTION CONTACT NAME		ANY VACANCIES? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, EXPLAIN	
PHONE (     )		DESCRIBE THE TYPE OF BUSINESS OR PRODUCT MANUFACTURED	
PREVIOUS CARRIER			PREMIUM
LOSSES IN THE PAST FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, PLEASE DESCRIBE		HAS ANY COVERAGE BEEN CANCELLED, NON-RENEWED OR DECLINED? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, PLEASE EXPLAIN	
<b>FINANCIAL INFORMATION</b>			
HAS THERE BEEN A BANKRUPTCY OR TAX LIEN IN THE PAST FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, PLEASE EXPLAIN			
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST   LOAN/TRUST # _____		<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE   INTEREST _____	
NAME(S)		NAME(S)	
COMPLETE ADDRESS		COMPLETE ADDRESS	
CITY	STATE	ZIP	CITY     STATE     ZIP
<b>RISK INFORMATION</b>			
RISK INFORMATION AND ANY SPECIAL CIRCUMSTANCES FOR BADGER TO CONSIDER:			
IF LESSORS RISK, LIST OCCUPANCIES		ANY PAINTING, CUTTING, WELDING OR STORAGE OF FLAMMABLES ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, DESCRIBE:	

# COMMERCIAL POLICY APPLICATION

## LOCATION INFORMATION PAGE

(If more than one location, please complete another Location Information Page)

LOCATION ADDRESS				
ADDRESS				
CITY	STATE	ZIP	COUNTY	INTEREST IN PREMISES <input type="checkbox"/> OWNER NON-OCCUPANT <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> TENANT

### PROPERTY COVERAGES, LIMITS AND PERILS

BUILDING	TIB	LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%	
CONTENTS	LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL	
1	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%	
INCOME	COVERAGE FORM	LIMITATION	CO INS	ACTUAL LOSS SUSTAINED	
AMOUNT	<input type="checkbox"/> EARNINGS (CP60) <input type="checkbox"/> COMBINATION (CP70)			<input type="checkbox"/> ALS 3 MONTH (CP70-A) <input type="checkbox"/> ALS 6 MONTH (CP70-C)	
\$	<input type="checkbox"/> EXTRA EXPENSE (CP69)		%	<input type="checkbox"/> ALS 4 MONTH (CP70-B) <input type="checkbox"/> ALS 12 MONTH (CP70-D)	
YEAR OF MOST RECENT UPDATES					ANY COOKING ON PREMISES?
WIRING	HEATING	ROOF	PLUMBING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CONSTRUCTION			YEAR BUILT	FIRE PR. CLASS	UTILITY INTERRUPTION
<input type="checkbox"/> FRAME <input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> NONCOMBUSTIBLE					<input type="checkbox"/> BUILDING <input type="checkbox"/> CONTENTS
<input type="checkbox"/> MASONRY NONCOMBUSTIBLE <input type="checkbox"/> FIRE RESISTIVE					<input type="checkbox"/> INCOME
PROTECTIVE DEVICES (CP614)			LOSS CONTROLS		
<input type="checkbox"/> BUILDING SPRINKLER SYSTEM 100% COVERAGE <input type="checkbox"/> CSA FIRE ALARM			<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> SECURITY CAMERAS (CCTV)		
<input type="checkbox"/> UL 300 COOKING FIRE SUPPRESSION SYSTEM <input type="checkbox"/> CSA BURGLARY ALARM			<input type="checkbox"/> SMOKE ALARMS <input type="checkbox"/> SAFE <input type="checkbox"/> DAILY BANK DEPOSITS		

### ADDITIONAL COVERAGE

FOOD SPOilage	LIMIT	SIGNS	LIMIT	EXTENSIONS	DEDUCTIBLE
DEDUCTIBLE (MIN \$250)	\$	DEDUCTIBLE (MIN \$250)	\$	SILVER REST. <input type="checkbox"/> CP-999-A	\$ 250
\$	\$	\$	\$	GOLD REST. <input type="checkbox"/> CP-999-B	
				PROP. ENHAN. <input type="checkbox"/> CP-888	
MONEY & SECURITIES	ON	OFF	EMPLOYEE DISHONESTY	LIMIT	GLASS COVERAGE
DEDUCTIBLE (MIN \$250)	\$	\$	DEDUCTIBLE (MIN \$250)	\$	LINEAR FEET _____
\$	\$	\$	\$	\$	DEDUCTIBLE \$

GENERAL LIABILITY	EPL INSURANCE	THIRD PARTY?	LIMIT	FULL-TIME EQUIV. EMP.
<input type="checkbox"/> GL 100 <input type="checkbox"/> GL 300 OCP	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> GL 600(LRO)	IF YES, CLASS:			
	OCCURRENCE/AGGREGATE LIMIT			CYBER LIABILITY (\$50,000 INCLUDED)
	<input type="checkbox"/> 100,000/1,000,000 <input type="checkbox"/> 300,000/1,000,000 <input type="checkbox"/> 500,000/1,000,000 <input type="checkbox"/> 1,000,000/2,000,000			<input type="checkbox"/> INCREASE TO \$100,000
MEDICAL PAYMENTS (\$1,000 INCLUDED) INCREASE TO	FIRE LEGAL LIABILITY (\$50,000 INCLUDED) INCREASE TO	PRODUCT LIABILITY?	<i>Aggregate is always the same as occurrence.</i>	
\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PERSONAL INJURY — SAME OCCURRENCE LIMIT	HIRED AND NON-OWNED AUTO—SAME OCCURRENCE LIMIT	LIQUOR LIABILITY		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ANNUAL TOTAL REVENUE	ANNUAL FOOD SALES	ANNUAL LIQUOR SALES	PAYROLL	
\$	\$	\$	\$	
# OF OWNERS	# OF EMPLOYEES	SQ. FT. OF BUILDING	SQ. FT. OCCUPIED	PARKING FACILITIES
				<input type="checkbox"/> YES <input type="checkbox"/> NO
ANY LIVE ENTERTAINMENT?	HOW MANY NIGHTS A WEEK?	DANCING ALLOWED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, PLEASE EXPLAIN		<input type="checkbox"/> YES <input type="checkbox"/> NO		
ANY SPORTS ACTIVITIES SUCH AS VOLLEYBALL, HORSESHOES, ETC.	GAMING MACHINES?	# OF MACHINES		
<input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, PLEASE EXPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO			

### ADDITIONAL STRUCTURE

BUILDING DESCRIPTION \_\_\_\_\_

BUILDING	LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
2	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%
CONTENTS	LIMIT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
2	<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%
CONSTRUCTION				TOTAL SQUARE FEET
<input type="checkbox"/> FRAME <input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> NONCOMBUSTIBLE <input type="checkbox"/> MASONRY NONCOMBUSTIBLE <input type="checkbox"/> FIRE RESISTIVE				