

WESTERN NATIONAL MUTUAL INSURANCE COMPANY

MainStreet XpressSM Application

REVIEW YOUR APPLICATION CAREFULLY



NAMED INSURED:

AGENCY:

POLICY PERIOD: 12:01 A.M. STANDARD TIME FROM:

TO:

APPLICANT INFORMATION

NAME (First Named Insured)		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> L L C	<input type="checkbox"/> OTHER	NAICS	FEIN OR SOC SEC #
		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE			
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUB CHAPTER "S"			
MAILING ADDRESS (Including ZIP+4)		CONTACT FOR INSPECTION		PHONE (A/C, No. Ext):		
INTERNET ADDRESS:		CREDIT BUREAU NAME			ID NUMBER	
<input type="checkbox"/> NEW	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	PAYMENT PLAN			
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> BOUND (Date):	<input type="checkbox"/> DIRECT	<input type="checkbox"/> 12 MO/FULL PAY	<input type="checkbox"/> 12 MO/4 PAY	<input type="checkbox"/> MONTHLY ACCOUNT BILL	<input type="checkbox"/> MONTHLY EFT
		<input type="checkbox"/> AGENT	<input type="checkbox"/> 12 MO/2 PAY	<input type="checkbox"/> 12 MO/9 PAY	<input type="checkbox"/> QUARTERLY ACCOUNT BILL	<input type="checkbox"/> FULL PAY EFT
			<input type="checkbox"/> 12 MO/FULL PAY (MB)			

NATURE OF BUSINESS

<input type="checkbox"/> OFFICE	<input type="checkbox"/> SERVICE	<input type="checkbox"/> RETAIL	DATE BUSINESS STARTED
DESCRIPTION OF OPERATIONS			
RETAIL STORES: % INSTALLATION, SERVICE OR REPAIR WORK			

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVED STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	8. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
3. DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?	<input type="checkbox"/>	<input type="checkbox"/>	10. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS ANY APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>	12. ANY CATASTROPHE EXPOSURES?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY WORKERS' COMPENSATION CARRIED?	<input type="checkbox"/>	<input type="checkbox"/>	13. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
			DESCRIBE ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED:		

PRIOR POLICY(IES) /LOSS HISTORY See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSS LAST YRS	TOTAL LOSSES \$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause amount paid, claim status)					

POLICY LEVEL COVERAGES

LIABILITY

LIMIT (Choose One)			
EACH OCCURRENCE/AGGREGATE	<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000

PREMISES		PREM #:	BLDG#
ADDRESS (Street, City, State)		<input type="checkbox"/> CHECK IF PRIMARY PREMISES	
INTEREST <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		PERCENTAGE OCCUPIED	
YEAR BUILT		SQ FT OCCUPIED	
PROT CLASS		RATE TERR	
DISTANCE TO HYDRANT FT		FIRE STAT MI	
FIRE DIST/CODE NUMBER		INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY :	ZIP :	ANY AREA LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF OPERATIONS AT THIS PREMISES		BUILDING DESCRIPTION	
# OF EMPLOYEES	HOURS OF OPERATION START TIME: CLOSING TIME:	ANNUAL SALES/RECEIPTS \$	TOTAL PAYROLL \$
CLASS CODE	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES		

PREMISES GENERAL INFORMATION

		YES	NO			YES	NO	
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (If yes, indicate date of last inspection)		<input type="checkbox"/>	<input type="checkbox"/>	4. IS ALL EQUIPMENT INSPECTED ANNUALLY & WELL MAINTAINED?		<input type="checkbox"/>	<input type="checkbox"/>	
2. CURRENTLY CARRY BOILER & MACHINERY COVERAGE?		<input type="checkbox"/>	<input type="checkbox"/>	5. IS THERE A SWIMMING POOL ON PREMISES?				
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> FENCED <input type="checkbox"/> IN GROUND <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> NO <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> ABOVE-GROUND <input type="checkbox"/> SLIDE <input type="checkbox"/> LIFE GUARD				

PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION:	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE			TOT SQ FT AREA
PERS PROP	LIMIT \$	% COINS	VALUATION:	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	INFL %	DEDUCTIBLE \$	# STORIES	% SPRNK	BASEMENT PRESENT? IS IT FINISHED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMM <input type="checkbox"/> SPEC	TAX CODE	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	

LIABILITY

CLASSIFICATION	CLASS CODE	PREMIUM BASIS EXPOSURE	CODE	(S) gross sales – per \$1,000/sales (P) payroll – per \$1,000/pay (A) area – per 1,000/sq ft (C) total cost – per \$1,000/cost (M) admissions – per \$1,000/adm (U) unit – per unit (T) other

CRIME

ALARM TYPE <input type="checkbox"/> HOLD-UP <input type="checkbox"/> PREMISES <input type="checkbox"/> SAFE/VAULT <input type="checkbox"/>	ALARM DESCRIPTION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> CNTRL STAT W/ KEYS <input type="checkbox"/> CNTRL STAT W/O KEYS <input type="checkbox"/> POLICE CONNECT	GRADE	EXTENT OF PROTECTION SAFE/VAULT <input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	PREMISES ALARM 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SAFE/VAULT/RECEPTABLE MANUFACTURER'S NAME	LABEL <input type="checkbox"/> UL <input type="checkbox"/> SMNA
MAXIMUM CASH ON PREMISES \$		MAXIMUM CASH WITH MESSENGER \$		MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER PROTECTION (Lighting, fences watchpersons, etc.)						

ADDITIONAL COVERAGES – Total Amount of Policy Coverages Desired

COVERAGE	TOTAL AMOUNT	DED	COVERAGE	TOTAL AMOUNT	DED				
EXTRA EXP – (\$25,000 Included)	\$	\$	LIST OTHER COVERAGES DESIRED:	\$	\$				
ADD'L ATTACH ACORD 810	\$	\$			\$	\$			
BUSINESS INCOME – ATTACH ACORD 810	\$	\$			\$	\$			
VALUABLE PAPERS – (\$25,000 Included)	\$	\$			\$	\$			
ACCNTS REC – (\$25,000 Included)	\$	\$			\$	\$			
SIGN – (\$5,000 Included)	\$	\$			\$	\$			
EDP – (\$20,000 Included)	\$	\$			\$	\$			
ORD OR LAW	\$	\$			\$	\$			
SPOILAGE – (\$10,000 Included)	\$	\$			\$	\$			
	\$	\$			\$	\$			
GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

ADDITIONAL INTEREST

ACORD 45 ATTACHED

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> <input type="checkbox"/>	RANK:	NAME AND ADDRESS	REFERENCE #:	<input type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
					PREMISES:	BUILDING:
					VEHICLE:	BOAT:
	SCHEDULED ITEM NUMBER:					
	OTHER:					
ITEM DESCRIPTION						

Any other insurance with this company being submitted?

- Business Auto – attach ACORD 127 and state specific coverages/limits section
- Workers' Compensation – attach ACORD 130
- Commercial Liability Umbrella – attach ACORD 131
- Crime – attach ACORD 141
- Inland Marine – attach appropriate ACORD application

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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