



## BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

AGENCY NAME Metropolitan Insurance Services		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	FIRST NAMED INSURED	
POLICY TYPE <input type="checkbox"/> STANDARD <input type="checkbox"/> SPECIAL <input type="checkbox"/>			

### 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 <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">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 <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">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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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?														
<table border="1"> <tr> <td>LEASE TO</td> <td>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)					<table border="1"> <tr> <td>LEASE FROM</td> <td>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)					
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)													
LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)													
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?														
<table border="1"> <tr> <td>STREET, CITY, STATE, ZIP</td> <td>           TYPE OF BUSINESS OR LOC  <input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE  <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE  <input type="checkbox"/> </td> <td>           BUILDING INTEREST  <input type="checkbox"/> OWN <input type="checkbox"/> LEASE  <input type="checkbox"/> RENT  <input type="checkbox"/> </td> <td>OPERATIONS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC <input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/>	BUILDING INTEREST <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT <input type="checkbox"/>	OPERATIONS										
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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?														
<table border="1"> <tr> <td>EQUIPMENT</td> <td>           TYPE OF EQUIPMENT  <input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT  <input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT         </td> <td>INSTRUCTION GIVEN (Y/N)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT <input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT	INSTRUCTION GIVEN (Y/N)											
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9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?														
START TIME:	END TIME:	<input type="checkbox"/> 24 HOUR OPERATIONS												

### REMARKS

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**LIABILITY COVERAGES - POLICY LEVEL**

AGENCY CUSTOMER ID: \_\_\_\_\_

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

**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
CODE	DESCRIPTION									
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

AGENCY CUSTOMER ID:

LOC #:

BLDG #:

## PREMISES

BLANKET RATE (Y / N):

☐

BUILDING DESCRIPTION				DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES <input type="checkbox"/> CHECK IF PRIMARY PREMISES			
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
\$		\$					
DISTANCE TO HYDRANT		FIRE DISTRICT		FIRE DISTRICT CODE NUMBER			
FT		MI					

## PROPERTY

BLDG	LIMIT	% COINS	VALUATION:	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	INFL %	DEDUCTIBLE TYPE:	\$	DED
	\$		<input type="checkbox"/> FVRC	<input type="checkbox"/>				\$	DED
PROP PERS	LIMIT	% COINS	VALUATION:	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	INFL %	DEDUCTIBLE TYPE:	\$	DED
	\$		<input type="checkbox"/> FVRC	<input type="checkbox"/>				\$	DED
YEAR BUILT	CONSTRUCTION TYPE			# STORIES	% SPRNK	BASEMENT PRESENT? (Y/N):	<input type="checkbox"/>	WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE
						IS IT FINISHED? (Y/N):	<input type="checkbox"/>	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>
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"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
ANIMAL COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BAILEES LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUSINESS INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ACTUAL LOSS SUSTAINED NO. OF MONTHS <input type="checkbox"/> BUSINESS INCOME CHANGES - TIME PERIOD \$	\$	<input type="checkbox"/>			\$
BUSINESS INCREASE FROM DEPENDENT PROPERTIES	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUSINESS INCOME WITH EXTRA EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
COMBINED DEMOLITION COST AND INCREASED CONST COST	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
DEBRIS REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
CONDO UNIT								
OWNER'S LOSS ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
OWNER'S MISCELLANEOUS REAL PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
CRIME								
EMPLOYEE DISHONESTY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
FORGERY OR ALTERATION	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
MONEY & SECURITIES - INSIDE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
MONEY & SECURITIES - OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
WELFARE & PENSION PLAN (ERISA)	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
EARTHQUAKE	<input type="checkbox"/>	<input type="checkbox"/>	TERR: _____ RETROFIT TYPE: _____ MASONRY VENEER: % _____	\$	<input type="checkbox"/>			\$
EDP / COMPUTER								
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
EXTRA EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
DATA / MEDIA	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
EQUIPMENT BREAKDOWN								
BASIC	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BROAD	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
SPOILAGE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$

LOC #: \_\_\_\_\_ BLDG #: \_\_\_\_\_

### PROPERTY COVERAGES - PREMISES LEVEL

PROPERTY ADDITIONAL COVERAGES	Coverages Schedule Attached
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

BLDG #: \_\_\_\_\_

**PREMISES GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE</b>		<b>Y / N</b>
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**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>		<b>Y / N</b>
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    # UNITS PER FIRE DIVISION    # UNITS OWNER OCCUPIED
<input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE <input type="checkbox"/> BATTERY <input type="checkbox"/> WIRED	

**CRIME**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
			SAFE / VAULT	PREMISES ALARM		
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> COMPLETE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS					CLASS
<input type="checkbox"/>	<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)**

<p>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)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
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