

APPLICATION FOR INSPECTION AND INSURANCE

NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION
744 BROAD STREET, NEWARK, N. J. 07102

Telephone | Area Code 201
 622-3838

THIS APPLICATION IS NOT A BINDER OF INSURANCE

IMPORTANT: SUBMIT SEPARATE APPLICATION IN **QUADRUPPLICATE FOR EACH LOCATION**

Please complete every item with answers typewritten or printed legibly in ink. See reverse side of this form for instructions.

1. If Application is submitted by licensed Broker or Agent, fill in this space:

Name of Licensed Broker or Agent _____ No. _____ Street _____ City _____ State _____ Zip Code _____ TELEPHONE NUMBER _____	<p align="right">Broker Agent</p> I HEREBY CERTIFY THAT I AM A LICENSED <input type="checkbox"/> <input type="checkbox"/> OF NEW JERSEY LICENSE REFERENCE NO. _____ I AGREE THAT IN THE EVENT OF CANCELLATION OF A POLICY, OR IF AN ENDORSEMENT IS ISSUED WHICH REQUIRES PREMIUM TO BE RETURNED TO THE INSURED, I SHALL REFUND RATABLY TO THE ASSOCIATION COMMISSIONS ON THE UNEARNED PORTION OF CANCELLED LIABILITY AND ON REDUCTIONS IN PREMIUMS AT THE SAME RATE AT WHICH SUCH COMMISSION WERE ORIGINALLY PAID. _____ SIGNATURE OF PRODUCER
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2. Name of Property Owner(s) _____
 First Middle Last

3. Mail Address _____
 No. Street City or Town County or Borough State Zip Code

4. Location of Business _____
 No. Street City or Town County or Borough State Zip Code

MERCANTILE OPEN STOCK POLICY

Space for office use
N.J.

LOCATION OF PREMISES (ENTER "SAME" IF SAME AS SHOWN IN LINE 4 ABOVE)	PART OCCUPIED BY INSURED				
BUSINESS OF INSURED CONDUCTED IN THE PREMISES					
NO OTHER BUSINESS IS CONDUCTED IN THE PREMISES UNLESS OTHERWISE SHOWN HEREIN:					
LIMIT OF INSURANCE	\$ _____				
COINSURANCE: THE COMPANY SHALL NOT BE LIABLE FOR A GREATER PROPORTION OF A LOSS OF MERCHANDISE, EXCLUSIVE OF JEWELRY AND OF PROPERTY HELD BY THE INSURED AS A PLEDGE OR AS COLLATERAL, THAN THE LIMIT OF INSURANCE STATED ABOVE BEARS TO THE FOLLOWING COINSURANCE PERCENTAGE OF THE ACTUAL CASH VALUE OF ALL SUCH MERCHANDISE CONTAINED WITHIN THE PREMISES AT TIME OF LOSS, OR THE FOLLOWING COINSURANCE LIMIT, WHICHEVER IS LESS:					
COINSURANCE PERCENTAGE	% _____	COINSURANCE LIMIT	\$ _____		
DURING THE POLICY PERIOD, THE BURGLAR ALARM SYSTEM DESCRIBED HEREIN SHALL BE MAINTAINED IN PROPER WORKING ORDER AND CONNECTED AT ALL TIMES WHEN THE PREMISES ARE NOT OPEN FOR BUSINESS.					
NAME OF ALARM COMPANY	CLASSIFIED BY UNDERWRITERS' LABORATORIES, INC.				
	CLASS	INSTALLATION	CERTIFICATE NUMBER	EFFECTIVE	EXPIRATION
CONNECTED WITH:					
OUTSIDE CENTRAL STATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
GOING ON OUTSIDE OF PREMISES		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
KEYS TO THE PREMISES ARE IN POSSESSION OF THE ALARM COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO					
STATE NUMBER <input type="checkbox"/> PRIVATE WATCHMAN (WATCHMEN) EMPLOYED EXCLUSIVELY BY THE INSURED SHALL BE ON DUTY WITHIN THE PREMISES AT ALL TIMES WHEN THE PREMISES ARE NOT REGULARLY OPEN FOR BUSINESS DURING THE POLICY PERIOD. EACH SUCH WATCHMAN SHALL MAKE AT LEAST HOURLY ROUNDS OF THE PREMISES AND REGISTER AT LEAST HOURLY ON A WATCHMAN'S CLOCK <input type="checkbox"/> YES <input type="checkbox"/> NO; OR SIGNAL AN OUTSIDE CENTRAL STATION AT LEAST HOURLY <input type="checkbox"/> YES <input type="checkbox"/> NO.					
Remarks:					

NOTE: If notice of declination of the coverage has not been received within twenty days after receipt of this application by the Association, you may obtain a temporary binder.

APPLICANT'S SIGNATURE AND STATEMENT OF LOSSES REQUIRED ON REVERSE SIDE

List Losses Sustained During Past Five (5) Years

DATE	AMOUNT	CAUSE	SUBSEQUENT PRECAUTIONS TAKEN

**APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING.
CERTIFICATION OF APPLICANT FOR INSURANCE**

This request is made with the understanding that an inspection will be made of this property. I (WE) UNDERSTAND THAT THIS REQUEST IN NO WAY BINDS THE ASSOCIATION OR ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. Inspection(s) made under this program and any report of the inspection(s) are for underwriting purposes. Regardless of whether a policy is issued, neither the New Jersey Insurance Underwriting Association, any inspection service, nor any company represented by any of the foregoing, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to imply that the conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection or action report(s) to the State of New Jersey Department of Insurance, the New Jersey Insurance Underwriting Association, any company represented by any of the foregoing, and my (our) agent(s) or representative(s).

By signing this application I (we) certify that I (we) have an insurable interest in the property, and that all information contained herein is true and correct to the best of my (our) knowledge and belief.

Signature of Applicant _____ Date _____

If applicant is Partnership, Company or Corporation, certification shall be signed by an official of the firm, printing name and title below.

The name of the person the inspector can contact, is _____
Name Telephone Number

If applicant is an individual the following paragraph applies:

IMPORTANT: In compliance with Public Law 91-508 (Fair Credit Reporting Act) this is to advise you, that as a result of your application to this Association for insurance, a routine inquiry may be made concerning your character, general reputation, personal characteristics and mode of living. Additional information as to the nature and scope of such investigation will be furnished upon receipt of your written request to this office.

ELIGIBILITY REQUIREMENTS

PREMISES BURGLARY

Generally sound construction, well maintained.

When closed for business after dark, must be sufficiently lighted to make clearly visible the presence of any person on or about the premises.

- A - All final exit doors - secured by double cylinder dead locks, when premises are closed for business, unless the premises are protected by an approved certified alarm system.
- B - Inside of all wood or wood panel exterior doors - covered with sheet iron of a minimum thickness of 1/16 inch, bolted on all sides with at least 1/4 inch carriage bolts not more than 10 inches apart.
- C - Accessible glass panel openings or doors, including skylights and transoms - protected on the inside by either flat iron burglary bars, substantial iron or steel grille work, expanded metal burglary screens or wood shutters lined with sheet iron with a minimum thickness of 1/16 inch unless:
Properly installed approved burglary resistant safety glass protects openings; or the premises are protected by an certified alarm system.
- D - Outside hinge pins shall be welded, flanged or screw-secured, non-removable pins.
- E - For coverage on other merchandise, furniture, fixtures and equipment:
 - (1) Risks classified by the Insurance Services Office Rate Group #5 or over for exposures of \$5,000 or over:
The premises must be protected by an approved certified central station alarm system Installation 2 or 3 with sonic system or network or invisible beams protecting interior, and
 - (2) For exposures under \$5,000 for Rate Group 5 or over:
The premises must be protected by an approved certified alarm system Local Installation #3 or better.

"Approved" or "approved certified" means approved or approved and certified by the Underwriters' Laboratories, Inc. or similar nationally recognized authority, or by the Insurance Services Office.

SAFE BURGLARY

Class "E" safe securely anchored to the floor.

SHOW WINDOWS AND SHOWCASES

Protected by either folding or rolling steel grilles or doors, wood panels, when the premises are **NOT OPEN** for business unless constructed of approved safety glass or other material of equal protection.