

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 ROBBERY AND SAFE BURGLARY POLICY

Space for office use
N.J.

LOCATION OF PREMISES (ENTER "SAME" IF SAME LOCATION AS ABOVE ADDRESS)	BUSINESS OF THE INSURED CONDUCTED IN THE PREMISES	NO OTHER BUSINESS IS CONDUCTED IN THE PREMISES, UNLESS OTHERWISE STATED HEREIN:
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THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE FOLLOWING COVERAGES AS ARE INDICATED BY A SPECIFIC LIMIT OF INSURANCE APPLICABLE THERETO, SUBJECT TO ALL THE TERMS OF THIS POLICY HAVING REFERENCE THERETO.

COVERAGES	LIMITS OF INSURANCE
A. ROBBERY INSIDE THE PREMISES	
B. ROBBERY OUTSIDE THE PREMISES	
C. SAFE BURGLARY	
CUSTODIAN AND OTHER PERSON(S) SHALL BE ON DUTY AT ALL TIMES WHEN THE PREMISES ARE OPEN FOR BUSINESS.	
NOT MORE THAN ONE MESSENGER SHALL HAVE CUSTODY OF THE INSURED PROPERTY OUTSIDE THE PREMISES AT ANY ONE TIME, UNLESS OTHERWISE STATED HEREIN:	
EACH MESSENGER WHILE OUTSIDE THE PREMISES SHALL BE ACCOMPANIED BY AT LEAST _____ GUARD(S).	
THE INSURED PROPERTY WHILE OUTSIDE THE PREMISES IN THE CUSTODY OF A MESSENGER SHALL BE CONVEYED IN _____ EMPLOYED FOR THE EXCLUSIVE USE OF THE MESSENGER AND HIS GUARD, IF ANY, THROUGHOUT THE ENTIRE TRIP.	

DESCRIPTION OF SAFE

MAKER'S NAME	NUMBER STYLE OR LETTER	MANUAL CLASSI- FICATION	TYPE OF DOOR AND THICKNESS OF STEEL IN EACH DOOR EXCLUSIVE OF BOLT WORK (IN INCHES)				EACH DOOR IS EQUIPPED WITH A COMBINATION LOCK UNLESS OTHERWISE STATED BELOW	SAFE IS WITHIN VAULT DESCRIBED BELOW (STATE "YES" OR "NO")
			ROUND	SCREW	SQUARE	STEEL		
			OUTER				IN.	OUTER
			INNER				IN.	INNER
			CHEST				IN.	CHEST

DESCRIPTION OF VAULT

NAME OF MAKER OF VAULT DOOR	MANUAL CLASSI- FICATION	VAULT DOORS ARE CON- STRUCTED OF BURGLAR RESISTIVE STEEL (STATE "YES" OR "NO")	THICKNESS OF STEEL IN EACH DOOR EXCLU- SIVE OF BOLT WORK (IN INCHES)	EACH DOOR IS EQUIP- PED WITH A COMBINA- TION LOCK UNLESS OTHERWISE STATED BELOW	ALL WALLS OF THE VAULT ARE LINED WITH STEEL (STATE "YES" OR "NO") (STATE THICKNESS)	VAULT IS BUILT OF BRICK, STONE, TILE, REINFORCED OR NON-REINFORCED CON- CRETE (STATE MATERIAL AND THICKNESS)
		OUTER	OUTER	OUTER		
		INNER	INNER	INNER	INCHES	INCHES

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.

List Losses Sustained During Past Five (5) Years

DATE	AMOUNT	CAUSE	SUBSEQUENT PRECAUTIONS TAKEN
DATE	AMOUNT	CAUSE	SUBSEQUENT PRECAUTIONS TAKEN
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.

The applicant shall maintain a record of checks received, made immediately upon receipt, including the names of the maker, payee, and bank and the date and amount of the check, which is kept elsewhere than in the receptacle for money and securities and all such checks shall be immediately endorsed "For Deposit Only."

SAFE BURGLARY

Class "E" safe securely anchored to the floor.