

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 QUADRUPLICATE 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 Producer, fill in this space:

| | |
|--|--|
| Name of Licensed Producer _____ No. _____ Street _____ City _____ State _____ Zip Code _____ TELEPHONE NUMBER _____ | I HEREBY CERTIFY THAT I AM A LICENSED PRODUCER 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 _____ |

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

5. Business of the Insured _____

Space for office use
N.J.

OFFICE BURGLARY AND ROBBERY POLICY

| | |
|--|--|
| INSURING AGREEMENTS | LIMIT OF LIABILITY UNDER EACH INSURING AGREEMENT |
| INSURING AGREEMENTS I TO VII INCLUSIVE | \$ |

| | | | | |
|--------------------------------------|--|-------------|---|--------------------------------|
| MFR. OF SAFE | SAFE NO. | APP. WEIGHT | HOW ANCHORED | IF VAULT INDICATE MFR. OF DOOR |
| DESCRIBE LABEL ON SAFE OR VAULT DOOR | THICKNESS OF SOLID STEEL IN DOOR (EXCLUSIVE OF BOLTWORK) | | <input type="checkbox"/> ROUND DOOR <input type="checkbox"/> SQUARE DOOR <input type="checkbox"/> CHEST INSIDE SAFE <input type="checkbox"/> INS. APPLIES IN CHEST ONLY | |

UNDER INSURING AGREEMENTS II AND V, NOT MORE THAN TWO MESSENGERS OUTSIDE THE PREMISES SHALL HAVE CUSTODY OF THE INSURED PROPERTY AT ANY ONE TIME. YES NO

INSURED HAS NO OTHER BURGLARY, ROBBERY, OR THEFT INSURANCE EXCEPT AS STATED BELOW.

INSURED HAS NOT SUSTAINED, NOR RECEIVED INDEMNITY FOR, ANY LOSS OR DAMAGE BY BURGLARY, ROBBERY OR THEFT WITHIN THE LAST FIVE YEARS, EXCEPT AS STATED BELOW.

ANY EXCEPTIONS TO THE ABOVE ARE TO BE STATED HEREIN:

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

Office Burglary and Robbery Insurance coverage shall be written only for insureds occupying business or professional offices which are not on the same continuous or contiguous plot of ground where the insured has property carried or held as samples or for sale or for delivery after sale or in the course of manufacture or held for cleaning, repairing, processing, storage or distribution.

The standards of acceptance shall include, but not be limited to the following:

1. The premises must be of generally sound construction, well maintained.
2. The applicant, if an individual, or any partner or controlling officer, if a partnership or corporation, shall meet reasonable standards of moral character and shall not have been convicted of a fraudulent or dishonest act unless such conviction is clearly not pertinent to the risk by reason of passage of time or the nature of the offense.
3. The applicant shall provide the following physical protection, except for residential property, for the premises to be insured:
 - (a) All final exit doors shall be secured by double cylinder deadlocks when the premises are closed for business unless the premises are protected by an approved certified alarm system.
 - (b) The inside of all wood or wood panel exterior doors must be 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, must be 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 such openings, or the premises are protected by an approved certified alarm system.
 - (d) Outside hinge pins shall be welded, flanged or screw-secured, non-removable pins.
 - (e) The premises, while closed for business after dark, must be sufficiently lighted to make clearly visible the presence of any person on or about the premises.