

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:

<p>Name of Licensed Broker or Agent _____</p> <p>No. _____ Street _____</p> <p>City _____ State _____ Zip Code _____</p> <p>TELEPHONE NUMBER _____</p>	<p align="right">Broker Agent</p> <p>I HEREBY CERTIFY THAT I AM A LICENSED <input type="checkbox"/> <input type="checkbox"/> OF NEW JERSEY LICENSE REFERENCE NO. _____</p> <p>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.</p> <p align="center">_____ SIGNATURE OF PRODUCER</p>
--	--

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

STOREKEEPERS BURGLARY AND ROBBERY POLICY

Space for office use
N.J.

LOCATION OF PREMISES (ENTER "SAME" IF SAME LOCATION AS ABOVE ADDRESS)	PART OCCUPIED BY INSURED
BUSINESS OF THE INSURED CONDUCTED IN THE PREMISES	NO OTHER BUSINESS IS CONDUCTED IN THE PREMISES, UNLESS OTHERWISE STATED HEREIN:

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. <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.

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.

PREMISES BURGLARY

ELIGIBILITY REQUIREMENTS

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.

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.