

**ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

## THE ANDOVER COMPANIES

- CAMBRIDGE MUTUAL
- MERRIMACK MUTUAL
- QUOTE ONLY
- BIND AND ISSUE
- AGENCY BILL
- MORTGAGEE BILL (1 payment only)



- DIRECT BILL
  - ( ) 1 PAYMENT
  - ( ) 3 payments-1/3 with application
  - ( ) 5 payments-1/4 with application
  - ( ) 9 payments (prem. must be min. of \$1,000)-1/5 with application

### NEW JERSEY BUSINESSOWNERS APPLICATION

AGENT \_\_\_\_\_ EFFECTIVE DATE: MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_  RENEWAL OF: \_\_\_\_\_  
 \_\_\_\_\_  REWRITE OF: \_\_\_\_\_  
 \_\_\_\_\_  NEW

1. Applicant \_\_\_\_\_

Mail Address \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Loc. of Premises (Note: If more than one location, complete separate application for each or attach SOV with all rating information) \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Mortgagee \_\_\_\_\_ Loss Payee \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Business of the Named Insured or Occupancy of Premises \_\_\_\_\_ List Occupancies in Building \_\_\_\_\_

5. Applicant is:  (1) Individual  (2) Partnership  (3) Corporation  (4) Other \_\_\_\_\_

6. Building occupied as:
- Apartment: # of Apts. \_\_\_\_\_ # of pools \_\_\_\_\_ Check if Credit Applies For ( ) DUPC ( ) AGE
  - Condominium - Residential: # of Apts. \_\_\_\_\_ # of pools \_\_\_\_\_ Check if Credit Applies For ( ) DUPC ( ) AGE
  - Condominium - Office  Condominium Mercantile
  - Mercantile  Retail  Wholesale (No more than 25% gross sales from retail operations and no more than 25% of total floor area open to public)
  - Motel: # of Units \_\_\_\_\_ # of pools or beaches \_\_\_\_\_
  - Office
  - Service/Processing  Other (describe) \_\_\_\_\_

If combined occupancy give %: Apt. \_\_\_\_\_ Merc. \_\_\_\_\_ Off. \_\_\_\_\_ Serv/Proc. \_\_\_\_\_ Other \_\_\_\_\_

7. Annual Sales \$ \_\_\_\_\_ Percentage of sales from Off Premises Operations \_\_\_\_\_ %

8. Owner/Lessor Interest:  Insured Business occupying more than 75% of bldg. area  Insured Business occupying 75% or less of bldg. area  Lessor Only

9. Construction:  (1)Frame  (2)Masonry  (3)Non-Comb.  (4)Mas.Non-Comb.  (5)Mod. Fire Res.  (6) Fire-Res.

10. Fire Protection Class \_\_\_\_\_ Building 100% Automatic Sprinklered  Yes  No

11. Premises Alarm:  None  Local Gong  Central Station U.L.Cert. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

12. For Building Coverage: Ground floor area \_\_\_\_\_ No. of stories \_\_\_\_\_  If Basement Year Built \_\_\_\_\_

13. Previous Loss Experience: \_\_\_\_\_

14. Previous Carrier & Policy # \_\_\_\_\_

15. Liability & Medical Exp. Limit:  Basic (\$300,000)  Option (\$500,000)  Option (\$1,000,000)

16. Building Coverage Amount \$ \_\_\_\_\_  Standard  Special  Actual Cash Value Option  If Blanket & Attach SOV (Full value required. Replacement Cost unless ACV Option)

17. Personal Property Coverage Amount \$ \_\_\_\_\_  Standard  Special  Include Property of Others (ACV) In Personal Property Coverage Amount (Replacement Cost) (Include Value of Computer System)

18. Deductible:  \$1,000  \$2,500  \$5,000  \$10,000 (\$500 Deductible Standard)  
 Wind/Hall % Deductible Option  1%  2%  5% (0% unless option selected)  
 (Deductible must be same for both Building and Personal Property)

**FOR COMPANY USE ONLY**

Comm	IRPM	Exp	Occ	Ter	MR PC	Du PC	Age	Co op	Ch	Cib	NJC	Bid R#	Cts R#	Rte Grp	EQ		Bid Class	Cts Class	City Code
															Bid	Cts			

**OPTIONAL COVERAGES:**

- Accounts Receivable (\$20,000 included automatically) \$ \_\_\_\_\_ (\$250,000 Maximum Limit)
- Additional Insured(s) \_\_\_\_\_  
Mail Address \_\_\_\_\_  
Interest \_\_\_\_\_
- \* Auto Hired: Cost of hire. \$ \_\_\_\_\_
- \* Auto Non Owned: Total Number of Employees. \_\_\_\_\_  
\* NOT AVAILABLE IF INSURED HAS A PRIMARY COMMERCIAL AUTOMOBILE EXPOSURE AND/OR A COMMERCIAL AUTOMOBILE POLICY.
- Automatic Increase Option (Inflation Guard), Indicate Optional Annual Percent Increase \_\_\_\_\_ %  
(Note: 8% is included in policy - Premium Credit for 2%, 4%, 6%)
- Building Ordinance or Law: 1.  Loss to undamaged portion 2. Demolition cost \$ \_\_\_\_\_ 3. Increased Cost \$ \_\_\_\_\_  
May be purchased separately May be purchased separately May be purchased separately  
(Indicate Coverage) (Limit Required) (Limit Required)
- Coverage 1 limitation applicable to peril of Earthquake with form 6005 - refer to Company.
- Burglary & Robbery (Standard Policy Only)
- Condominium Commercial Unit-Owners Optional Coverage ( ) Loss Assessment \$ \_\_\_\_\_ ( ) Misc. Real Property \$ \_\_\_\_\_
- \* Directors and Officers Liability: ( ) \$300,000 ( ) \$500,000 ( ) \$1,000,000 Percent of Owner Occupancy \_\_\_\_\_ %  
Coverage is excluded from Andover Umbrella/Excess ( ) Increase D & O to match Umbrella/Excess to \$3,000,000 maximum.  
\* NOT AVAILABLE IF ORIGINAL BUILDER, DEVELOPER, OR SPONSOR IS ON BOARD OF DIRECTORS OR IF CONDO OR COOP IN EXISTENCE FOR ONE YEAR OR LESS. CONDO APTS./OFFICE & COOP APTS. ONLY.
- Earthquake Assumption (ISO Plan)
- Employee Benefits Liability: ( ) \$300,000 ( ) \$500,000 ( ) \$1,000,000
- Employee Dishonesty: ( ) \$5,000 ( ) \$10,000 ( ) \$25,000 ( ) \$50,000 ( ) \$100,000  
Higher Limits for Residential Condo Only: ( ) \$150,000 ( ) \$200,000 ( ) \$250,000 No. of Employees (if greater than 5) \_\_\_\_\_
- Forgery and Alteration ( ) \$5,000 ( ) \$10,000 ( ) \$25,000 ( ) \$50,000 ( ) \$100,000  
Higher Limits for Residential Condo Only: ( ) \$150,000 ( ) \$200,000 ( ) \$250,000  
This Coverage must be written with, and have the same limit as Employee Dishonesty
- Fungi Property (\$15,000 included automatically)  \$25,000  50,000
- Enhancement
- Extended Building Coverage: ( ) Earthquake (\$5,000 Ded.) \$ \_\_\_\_\_ (\$1,000,000 Max)  
( ) \* Flood (\$5,000 Ded) \$ \_\_\_\_\_ (\$500,000 Max) ( ) \* Broad Form Water (\$2,500 Ded) \$ \_\_\_\_\_ (\$500,000 Max)  
\* Flood Zone Restriction - Refer to Company
- Exterior Signs \$ \_\_\_\_\_ Replacement Cost
- Glass Interior Ground Sq. Ft. \_\_\_\_\_ Upper Sq. Ft. \_\_\_\_\_ Irregular Glass Value \$ \_\_\_\_\_
- Glass Tenant Exterior Limit \$ \_\_\_\_\_ At Ground Sq. Ft. \_\_\_\_\_ Upper Sq. Ft. \_\_\_\_\_
- Increase Property In Transit (\$5,000 automatically included): \$ \_\_\_\_\_ (\$5,000 maximum additional limit)
- Money & Securities: (Special Policy Only) \$ \_\_\_\_\_ On Premises \$ \_\_\_\_\_ Off Premises  
Refer to Company if limits in excess of \$10,000 on premises and \$2,000 off premises.
- Professional Liability - attach separate Andover Companies Supplemental Professional Liability Application for:  
( ) Barbers ( ) Beauticians ( ) Funeral Director's ( ) Optical/Hearing ( ) Printers ( ) Veterinarians
- Rejection of Equipment Breakdown Coverage & Computer Systems Coverage.  
Note: Equipment Breakdown Coverage is automatically included on all Businessowners policies.  
Computer Systems Coverage is automatically included on all Businessowners policies that include Personal Property.  
Coverage under the Special Form, unless Equipment Breakdown Coverage is rejected.
- Spoilage Coverage \$ \_\_\_\_\_ (\$25,000 maximum)  
( ) Breakdown or Contamination  
( ) Power Outage  
Refrigeration Maintenance Agreement in Force \_\_\_ Yes \_\_\_ No
- Tenants Fire Liability (\$50,000. included automatically): ( ) \$100,000. ( ) \$250,000. ( ) \$500,000. ( ) \$1,000,000.
- Tenants Liability (with special form only): ( ) \$100,000. ( ) \$250,000. ( ) \$500,000. ( ) \$1,000,000.
- Umbrella/Excess - Attach separate Andover Companies Umbrella/Excess Application
- Valuable Papers (\$20,000 automatically included): ( ) \$10,000. ( ) \$20,000. ( ) \$50,000. (Higher limits available - refer to Company)
- Other \_\_\_\_\_

Name & Tel. No. of person to contact for Co. Inspection: \_\_\_\_\_

NAME OF PRODUCER QUALIFYING RISK FOR ANDOVER \_\_\_\_\_

DATE OF PRODUCER'S INSPECTION \_\_\_\_\_