

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. "The proposed Insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy".

THE ANDOVER COMPANIES

- BAY STATE
- CAMBRIDGE MUTUAL
- MERRIMACK MUTUAL
- QUOTE ONLY
- BIND AND ISSUE



- AGENCY BILL
- MORTGAGEE BILL (1 payment only)
- DIRECT BILL
 - () 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 YORK BUSINESSOWNERS APPLICATION

AGENT _____ EFFECTIVE DATE: MO. _____ DAY _____ YEAR _____
 ADDRESS _____ RENEWAL OF: _____
 _____ REWRITE OF: _____
 _____ NEW

1. Applicant _____ Zip _____
 Mail Address _____ 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)
 - Office
 - Service/Processing/Manufacturing 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) (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	Bld R#	Cts R#	Rte Grp	EQ		Bld Class	Cts Class	City Code
															Bld	Cts			

SUBMIT COMPLETED APPLICATION ONLY ONCE - IF FAXED DO NOT FOLLOW WITH ORIGINAL

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
- Enhancement Enhancement Plus
- 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 \$5,000 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.
*NOT automatically included for manufacturing - see Company Special Program
- 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 _____