Harleysville Mutual Insurance Company Harleysville Insurance Company of New Jersey Harleysville Worcester Insurance Company Harleysville Preferred Insurance Company Harleysville-Atlantic Insurance Company Harleysville Insurance Company Harleysville Lake States Insurance Company

BUSINESS OWNERS APPLICATION

Bound Yes No	Policy Number							
New Renewal Amendment	Previous Policy Number					Year Risk New		
Direct Bill Agency Bill	Payment Options:	Annual	Semi Annual	Quarterly	9 Month	Other		
1. Applicant Name and Mailing Addres		Agen	Agent Agents Code/Sub					
2. Proposed Policy Period: From:		To:		Amendmer	nt Effective	9:		
3. Basic Business Owners Policy			Deluxe Business	Owners Policy				
4. Applicant is: Individual Partne Applicant's business is: (Specifically	ership Co	rporation	Other	tion)				
Applicant's business is. (Opecinically				laony				
COMPLETE S			ON FOR EACH			N		
				DOILDING ON	LOOAIR			
5. A. Is building owned by applicant?	Yes No							
B. Is building a Single Occupand		tiple Occup	ancy					
C. Building is: Entirely occupied I								
Commercial occup		licant with o	other tenants					
Not occupied by a								
Occupied by appli	cant for resid	lential purp	oses only with of	her occupancy	by tenants	8		
If multiple occupancy, list all occupar								
	10163							
Person to contact to arrange inspect	ion:			Telephone <u>(</u>)			
Complete location description if location is different from the mailing address and/or more information is needed to describe or								
locate. Include street or road names, nearest intersecting streets, township when outside city limits or other identifying								
landmarks.								
Location Description:								
Inside City Limits Outside City Limits								
6. Mortgagee: (Name and Address) Loss Payee: (Name and Address)								
7. Section I: Property Coverage					I	imit of Insurance		
Building								
Business Personal Property \$								
8. Section II: Business Liability	Andinal Even	200		Each Occur		imit of Insurance		
Business Liability and N	neuicai ⊑xpe	1126		Each Occur	rence \$			

0 Optional Covarages, Additional Covarages, at Limitations						
 Optional Coverages, Additional Coverages, or Limitations (Refer to Business Owners Manual for brief description of cov 	erade)					
Deductible Options	Earthquake					
, \$100 \$500 \$1,000 \$2,500	Minimum Mandatory Deductibl	e				
· · · · · · · · · · · · · · · · · · ·	Other %	-				
Actual Cash Value	Spoilage Endorsement					
Building Business Personal Property	Premises No. Bldg. No.					
	Limit of Insurance					
Building Limit – Automatic Increase	Description of perishable stock					
Exterior Glass Linear Ft. of Glass	Proakdown or					
Basement/ground floor level	Causes of Loss:	Contamination				
All floors	Power Outage					
Second floor and below	Power Outage					
Third floor and above						
	Refrigeration Maintenance Agree	ement? ™Yes ™No				
Interior Glass						
Basement/ground floor level						
All floors	Ordinance or Law Endorsement					
Second floor and below	Loss to the underground portion o	of the building is mandatory				
Third floor and above	Demolition Cost Limit					
	Increased Cost of Construction Li	mit				
Hired Car						
Non Owned Auto	Employee Dishonesty					
	\$10,000 Limit \$25,000 Lim	hit				
Professional Liability – Druggist	Total Number of Employees					
	Frequency of Audits					
Professional Liability – Other	Audits are made by					
(Attach completed BO-24)						
Total Building Replacement Cost	Signs	Limit of Liability				
	Description	\$				
Condominium Association						
Coverage. Date Assoc. Created						
	Systems Breakdown	\$				
	Endorsement (Attach Completed BO-7246)					
Condominium Commercial Unit Owners Coverage (Personal	(Allach Completed DO-7240)					
Property Coverage Required)						
	Coal Mine (West Virginia Only)	\$				
Burglary and Robbery (Basic Policy Only)						
	CompuPak	\$				
	Hardware					
Voluntary Property Damage	(Attach completed BO-7247) Data &	\$				
	Media					
Liquor Liability - Virginia Only	Condominium Commercial Unit Owners Optional Coverage					
	Loss Assessment	\$				
Per Location Aggregate Limite	Miscellaneous Real Property	\$ \$				
Per Location Aggregate Limits	wiscellaneous Real Property	Ψ				
■Employee Benefits Liability (See Agents Manual for limits	Complete for limits in addition to					
available)	those provided in the Coverage					
	Extensions:					
Each claim Aggregate	Accounts Receivable	\$				
Number of employees	Valuable Papers	\$				

10. Additional Insureds	Premises		Person or Organization				
Building Owner			Ţ				
Loss Payable Provisions Provision A – Insurable Interest Provision B – Creditor	(Description of F	Property)					
Manager or Lessor of Premises (BO-7102)							
Controlling Interest (BO-7104)							
State or Political Subdivisions							
Permits Relating to Premises (BO-7105)			(State or Political Subdivision)				
Townhouse Associations (BO-7106)							
Mortgage, Assignee, or Receiver (BO- 7107)							
Owners or Other Interest From Whom Land Has Been Leased (BO-7108)							
Co-owner of Insured Premises (BO-7109)							
Grantor of Franchise (BO-7236)							
Designated Person or Organization (BO- 7234)							
Lessor of Leased Equipment (BO-7237)	(Description of P	Property)					
Limitation of Coverage to Designated Premises or Project (BO-7110)	Premises of	or Project					
 11. Building Description (Complete for each building whether providing building coverage or not) Location Number Building number Occupancy: Office % Mercantile % Warehouse % Apartment or Condominium % Number of Units Garage % Other % Describe Total area occupied by applicant square feet. Does insured perform maintenance on vehicles or equipment in this building? Yes No Construction: Frame (1), Joisted Masonry (2), Non-Combustible (3), Masonry Noncombustible (4), Modified Fire Resistive (5), Fire Resistive (6). If mixed, show % each Condition: Excellent (E) Good (G) Average (A) Year Built Number of Stories Fire Protection Devices: Yes No 							
		Area Protected square feet					
Manual Fire Alarm	n (1)	Building	Basement				
Automatic Fire De	tection System (2)						
	· · ·						
Sprinkler System (3)							
 12. Building Valuation Information (Complete the following when providing building coverage. Include all square foot areas occupied by insured and/or tenants in total floor area requested.) Total building perimeter (1st floor perimeter* feet x number of floors) = feet Perimeter is the total linear footage of exterior walls. If total perimeter varies by floor, show total perimeter for each floor in remarks) Total building floor area excluding basement, garage, and carpet areas (1st floor sq. ft. x number of floors) sq. ft. 							

Air Conditioning: Yes	Yes No Central Chilled Water (1) Elevator: Yes No								
Area Air Conditioned									
Not including basement Forced Cool Air (3)									
Interior Finish: Office			Attache	d Garage	Area: Ye	es, Squa	re Feet	No	
Wareh	nouse or Other		Attache	ed Carport	Area: Y	′es, Squ	are Feet	n No	
Constr	uction Service								
Decement Vec No.	Occupancy	1.1		(4)				- (()	
Basement: Yes No Sq. Ft. of Basement			ed Basement	· · /		inished E		. ,	(4)
Sq. Ft. Of Dasement		Partially	Finished Bas	ement (2)	0	ndergro	unu Par	king Basement	(4)
Please attach sketch of f	loor plan								
Building Valuation: (Use		uation Gu	ide)						
Base Cost Table A Code () B Additional Features Cost Table B	Total Base Per Cost Adju	vrea/ rimeter ustment able C	Total Building Cost Per Sq. Ft.	Total Floor Area	Location Multiplier	Repla	nated cement ost	Depreciation Amount	Estimated ACV
Building + =	x	=	: x						
				+ x		=		- :	=
Basement + =	x	=	· x						
13. Rating Information					14. Fire D	District T	av Code	c	
Territory Protectic	on Construction	n Ra	te Rate	Group	City			ounty	
,	Туре	Num		Imber	,				
15. General Information:									
			<u> </u>	_					
Years in business . At this location .									
Annual Sales \$. Annual Rental Income \$. Has heating system been inspected in last 5 years by qualified heating contractor? Yes No									
	-	-		-					
Has electrical syste	em been inspected	l in last 5	years by qual	ified electri	ician? Y	es N	0		
Other liability expos	sures? Yes I	No (Expl	lain)						
Complete only whe	n Deluxe Policy o	r Burglarv	and Robberv	on Basic I	Policv is re	auested			
	es No If yes,		-	station, U.L	-	-			
Expiration Date									
How much money i	s kept on premise	s overnigł	nt?						
Description of safe	- 14 -								
Frequency of depose		t one time	\$						
Maximum amount of money carried at one time \$									

16. Previous (16. Previous Carrier and Loss Information for past 3 years								
	F	Policy		Losses					
Year	Coverage	Carrier	Premium	Date	Amount	Description			
17. Direct Bill	Request								
Please select	the payment o	ption you prefe	er.						
1 Pay Plan	2 Pay Pla	n 4 Pay Pl	an 9 Pay Plan						
If payer is othe	er than the ins	ured, please co	mplete the additionation	al information below:					
Payer's Name	e:								
Payer's Addre	ess:								
Payer is: N	lortgagee	Other:							
Deposit Amou	unt \$	(N	lake check payable	to applicable company)					
18. Remarks:									
19. Signature	s:								
	Applica	nt		Agent		Date			