

**COMMERCIAL LINES POLICY  
APPLICATION**

**SECURITY MUTUAL**

**INSURANCE COMPANY**

2417 North Triphammer Road  
P.O. Box 4620  
Ithaca, New York 14852-4620

New \_\_\_\_\_, Renewal No. \_\_\_\_\_

BOP      SMP      Other  
Standard BOP      Deluxe BOP

Named Insured and P.O. Address

(Number, Street, Town or City, County, State, Zip Code)

Agency Name, Number & Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bound: Yes      No

\_\_\_\_\_

Quote Only: Yes

\_\_\_\_\_

Insured's Email: \_\_\_\_\_

Website: \_\_\_\_\_

\_\_\_\_\_

Policy Period: From \_\_\_\_\_ to \_\_\_\_\_

12:01 a.m. Standard Time

Insured operates as:    Individual      Corporation      Partnership      LLC      Other

Occupancy:    Owners      Tenant      Lessor's Risk      **AND**      All-Year      Seasonal      Unoccupied      Vacant

**Description of Operations:** \_\_\_\_\_

**Additional Interest(s) Name(s) and Address(es)**

Mortgagee \_\_\_\_\_

Additional Insured \_\_\_\_\_ Landlord? \_\_\_\_\_

Loss Payee \_\_\_\_\_

Other \_\_\_\_\_

Address: \_\_\_\_\_

**Locations**

**Location Address:** \_\_\_\_\_

*Additional application needed for each additional location.*

<u>Loc #</u>	<u>Bldg #</u>	<u>Construction</u>	<u>Protection</u>	<u>County</u>	<u>Occupancy</u>	<u>Fire Department</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Buildings**

<u>Loc #</u>	<u>Bldg #</u>	<u>Coverage Amount</u>	<u>Deductible</u>	<u>ACV or RC</u>	<u>Co-Ins %</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Business Property**

<u>Loc #</u>	<u>Bldg #</u>	<u>Coverage Amount</u>	<u>Deductible</u>	<u>ACV or RC</u>	<u>Co-Ins %</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Section I - Property		
Building:	Business Personal Property:	Applicable Form
		SF-1 (Fire, Extended Coverage, Vandalism)
		SF-2 (Fire, Extended Coverage, Vandalism, Optional Causes of Loss)
	N/A	SF-3 (Special Form-Covered Causes of Loss Except Where Excluded)
N/A		SF-4 (Special Form-Covered Causes of Loss Except Where Excluded)
N/A		SF-4A (Special Form Excluding Theft)

SECTION II – Liability (if applicable)		
Bodily Injury/Property Damage (Single Limit)	Occurrence \$ _____	Aggregate \$ _____
Medical Payments	\$ _____ Per Person	\$ _____ Per Occurrence
Receipts \$ _____	Payroll \$ _____	
Products/Completed Operations Yes No	Limit \$ _____	
Storekeepers Liability Yes No	Limit \$ _____	
Fire Legal Liability (Maximum \$500,000)	\$ _____	
LS-1 Premises/Operations Liability	Other Liability: _____	
LS-5 Business General Liability	_____	
LS-6 Business General Liability (Extra Cov.)	_____	
LS-70 Business Premises Exclusion (Mandatory for LS-5 or LS-6)	_____	

Optional Coverages / Endorsements		
SF-27 Replacement Cost	(Amount of coverage must be at least 80% of RC of property)	
SF-43 Loss of Earnings (for SMP)	_____ months (3, 4, 6)	(Business Income coverage included in BOP)
SF-44 Extra Expense (for SMP)	\$ _____	
SF-46 Loss of Rents (for SMP)	\$ _____ Annual	Contribution: 60% 80% 90% 100%
SF-47 Ordinance and Law	\$ _____ Demolition	\$ _____ Increased Cost of Construction
SF-58B Storekeepers Burglary & Robbery (for SMP)	(Maximum of \$2,500)	
SF-70 Signs (for SMP)	\$ _____	Describe: _____
SF-78 Glass (SF-79 for SMP)	Linear Feet _____	Curved, Thermopane, etc. _____ Plates w/ Burglary Alarm Foil _____
SF-93 Refrigerated Food	(Maximum of \$10,000)	
SF-98 Inflation Guard (for SMP)	1% 2% 3% 4%	(Included with Deluxe BOP)
SF-135 Tenant's Improvements and Betterment	\$ _____	
SF-312 Loss of Income (Mandatory on BOP) <small>(Includes 20% of Building Limit and/or 100% of Business Property Limit)</small>	Additional 10% Increments (up to 5) Building _____ Business Property _____ # _____ Additional Months (Dlx BOP- 6 months, Std BOP-3 months)	
Extender Endorsements	SF-500 SF-516 SF-517 SF-518 SF-519 SF-520	
Accounts Receivable \$ _____	Sprinkler Leakage Yes No	
Additional Expense \$ _____	While Away From Insured Premises _____ Additional 10% Increments	
Employee Dishonesty \$ _____, _____ # of employees	Valuable Papers & Records \$ _____	
Exterior Signs \$ _____	Other _____	
Money & Securities \$ _____		

**Underwriting Information**

List all occupancies in the building (whether Owner or Tenant):

- 1. Mercantile \_\_\_\_\_ Square Footage \_\_\_\_\_
- 2. Apartments # of units \_\_\_\_\_ Occupied? \_\_\_\_\_ Square Footage \_\_\_\_\_
- 3. Other \_\_\_\_\_ Square Footage \_\_\_\_\_
- 4. Parking \_\_\_\_\_ Square Footage \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Merchandise Sold: \_\_\_\_\_

Any product sold under own brand or label? Yes No, If yes, explain: \_\_\_\_\_

Does insured operate any other businesses under the same name? Yes No, If yes, explain: \_\_\_\_\_

Square Feet of Building: \_\_\_\_\_ Is this a new purchase? Yes No If yes, Purchase Price \$ \_\_\_\_\_

Year of Construction of Building: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Overall Building Condition: \_\_\_\_\_

Is the property under renovation? Yes No

If yes, expected completion date and description: \_\_\_\_\_

Age of roof: \_\_\_\_\_ Date last updated: \_\_\_\_\_ Type of roof: Flat Other, explain: \_\_\_\_\_

Year Electrical System last updated: \_\_\_\_\_ Year Heating System last updated: \_\_\_\_\_ Year Plumbing last updated: \_\_\_\_\_

Protection: Sprinklered Fire Extinguisher Smoke Detectors Lighted Exit Signs Emergency Lighting  
 Adequate Egress/Fire Escapes Security Cameras Parking Central Station Fire Burglary

Is Management loss conscious and cooperative? Yes No

Any animals on premise? Yes No If yes, describe: \_\_\_\_\_

Any other policies with SMIC? Yes No If yes, list number(s): \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_ Offering Renewal? Yes No

Previous Carrier: \_\_\_\_\_ Is this account new to your office? Yes No

Has any coverage been declined, cancelled, or non-renewed by any carrier in the past 5 years? Yes No

If yes, explain: \_\_\_\_\_

Has insured experienced any losses in the past 5 years? (at this or any other property in which the insured has a financial interest)

Yes No If yes, explain: \_\_\_\_\_

Are there currently valued Loss Runs available? Yes No

Exposing Left \_\_\_\_\_ Occupancy \_\_\_\_\_ Distance \_\_\_\_\_ Construction \_\_\_\_\_

Structures Right \_\_\_\_\_ Occupancy \_\_\_\_\_ Distance \_\_\_\_\_ Construction \_\_\_\_\_

Any Cooking? Yes No Any Table Service? Yes No # of Tables \_\_\_\_\_ # of Chairs \_\_\_\_\_

Is there any Fire Suppression System? Yes No, Last Inspected \_\_\_\_\_ Does Insured have a deep fryer? Yes No

Is there a Hood Duct System? Yes No, Last Inspected \_\_\_\_\_ Maintenance Contract? Yes No

Describe Type of Cooking Equipment: \_\_\_\_\_

Inspection Contact (Name and Phone Number) \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Agency Name & Location  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insured's Signature  
 \_\_\_\_\_  
 Agent's Signature  
 \_\_\_\_\_  
 Date \_\_\_\_\_

**SECURITY MUTUAL INSURANCE COMPANY**  
**Privacy Protection Policy**

**Information Collection**

- We collect and use information about you in order to provide you with insurance and other services.
- We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- Transaction Information: This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- Consumer Report Information: This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

**Information Protection**

- To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

**Information Disclosure**

- We will not sell your personal information.
- We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

**Future Notification**

Each year, we will provide you with a summary of our privacy policy.

**For More Information**

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.