

NON-STANDARD COMMERCIAL LINES POLICY APPLICATION

Not Eligible for our Standard Program

Named Insured and Mailing Address:

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

E-Mail to: applications@securitymutual.com

Mail to: PO Box 4620, Ithaca, New York 14852-4620

Fax to: 607.257.5002



Established 1887

www.securitymutual.com

_____ CF _____ SMP
 Bound: Yes () No ()

Policy Period: From _____ to _____

Additional application needed for each additional location.

Const.	Protection (HP,P,SP,U)	Co-Ins. %	Ded.	Cov. Amt.	Description of Property Covered	Location Address (if same as above, state same)	Fire Dist.

SECTION I - PROPERTY

BUILDING:

BUSINESS PERSONAL

PROPERTY:

 N/A
 N/A

 N/A

- SF-1 (Fire, Extended Coverage, Vandalism)
- SF-2 (Fire, Extended Coverage, Vandalism, Optional Causes of Loss)
- SF-3 (Special Form - Covered Causes of Loss Except Where Excluded)
- SF-4 (Special Form - Covered Causes of Loss Except Where Excluded)
- SF-4A (Special Form Excluding Theft)
- SF-5 (Fire, Extended Coverage)
- SF-6 (Fire)

SECTION II - LIABILITY (if any)

LIMITS:

Bodily Injury / Property Damage (Single Limit) Occurrence \$ _____ Aggregate \$ _____
Medical Payments \$ _____ Per Person \$ _____ Per Occurrence
Products / Completed Operations _____ Yes _____ No Limit \$ _____ Receipts \$ _____
Storekeepers Liability _____ Yes _____ No Limit \$ _____
Fire Legal Liability (applicable only if insured is tenant) \$ _____
Liquor Legal Liability (LS-34) _____ Yes _____ No Limit (Maximum \$100,000) \$ _____

IF YES, MUST SUBMIT LIQUOR LEGAL LIABILITY COVERAGE APPLICATION

OPTIONAL COVERAGES / ENDORSEMENTS

- _____ SF-27A Replacement Cost _____ Yes _____ No (Amount of coverage must be at least 80% of RC of property)
- _____ SF-30 Sprinkler Leakage \$ _____
- _____ SF-31 Household & Personal Property \$ _____
- _____ SF-43 Loss of Earnings _____% monthly (3, 4, 6 Months)
- _____ SF-44 Extra Expense \$ _____
- _____ SF-46 Loss of Rents \$ _____ Annual _____% Contribution: 60/80/90/100 _____
- _____ SF-58B Storekeepers Burglary & Robbery (Maximum of \$2,500)
- _____ SF-70 Signs (covered causes of loss except as excluded or limited) \$ _____
 Describe _____
- _____ SF-79 Glass - ATTACH SCHEDULE - MUST INCLUDE SIZE Length _____ Width _____
- _____ SF-93 Refrigerated Food (Maximum of \$10,000)
- _____ Extender Endorsements _____ SF-500 _____ SF-516 _____ SF-517 _____ SF-518 _____ SF-519 _____ SF-520
- _____ Other _____

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

_____ Mortgagee _____
 _____ Additional Insured _____
 _____ Loss Payee _____
 _____ Other _____

Underwriting Information

Insured operates as: Individual Corporation Partnership Joint Venture Other
Occupancy: Owner Tenant Lessor's Risk All-Year Seasonal Unoccupied Vacant

Please list all occupancies in the building (whether OWNER or TENANT):

If Restaurant, MUST SUBMIT SUPPLEMENTAL RESTAURANT/TAVERN APPLICATION

- 1. Mercantile Square Footage
2. Apartments How Many Occupied Square Footage
3. Other Square Footage
4. Parking Square Footage

Square Footage of Building: Is this a new purchase? Yes No If YES, Purchase Price \$

Year of Construction of building: # of Stories:

Is the property under renovation? Yes No Date of expected completion:

If YES, describe nature of renovations:

Age of roof: Date last updated: Type or Roof: Flat Other (explain):

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

Protection: Sprinklered Fire Extinguishers Smoke Detectors Central Station Fire Burglary

Life Safety Controls Lighted Exit Signs Emergency Lighting Adequate Egress

Any Animals on the premises? 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 had a financial interest?

Yes No If YES, explain

Are there any 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 fat fryer? Yes No

Describe type of cooking equipment:

Type of merchandise: Annual gross sales, receipts or rents \$

Any product sold under own brand or label? Yes No If YES, explain:

Additional Information:

INSPECTION CONTACT - Name & Phone Number

Any person who knowingly and with intent to defraud any insurance company or other person 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 hereto, 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.

THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.

NAME & ADDRESS OF AGENT:

INSURED'S
SIGNATURE: x _____
AGENT'S
SIGNATURE: _____
DATE: _____

Down Payment plus Fees
Must Accompany Application.

BROKER OR OTHER AUTHORIZED REPRESENTATIVE OF THE INSURED:
Name: _____

Yes - pay by EFT, signed form required

Mailing Address: _____



Established 1887

SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

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.