

ACORD™ BUSINESS OWNERS SUPPLEMENTAL APPLICATION

DATE

PRODUCER PHONE (A/C, No, Ext): 954-389-5897 TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE PO BOX 266736 WESTON , FL 33326		COMPANY COMPANY POLICY OR PROGRAM NAME _____ PROGRAM CODE: _____		NAIC CODE
CODE: _____ SUB CODE: _____	EFFECTIVE DATE _____ DEPOSIT \$ _____ PREMIUM \$ _____	AGENCY CUSTOMER ID _____ APPLICANT NAME (First Named Insured)		

NATURE OF BUSINESS

OFFICE SERVICE	RETAIL WHOLESALE	APARTMENTS CONDOMINIUMS	RESTAURANT CONTRACTOR	YRS IN BUS	CLASS CODE	RATE #	RATE GROUP
# OF EMPLOYEES	HOURS OF OPERATION	ANNUAL SALES/RECEIPTS \$		TOTAL PAYROLL \$			
DESCRIPTION OF OPERATIONS/ OCCUPANCY							

PREMISES

ADDRESS (Street, City, State)	PREM #:	BLDG #:	CHECK IF PRIMARY PREMISES	INTEREST OWNER/TENANT	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
				YEAR BUILT	SQUARE FEET	ANY AREA LEASED? YES NO		
COUNTY:	ZIP:	PROT CLASS	RATE TERR	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS? YES NO	

PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE				TOT SQ FT AREA	
PERS PROP	LIMIT \$	% COINS	VALUATION	RC	ACV	(N/A)	DEDUCTIBLE \$	# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT?	YES	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	TAX CODE	WIND CLASS		IS IT FINISHED? YES NO			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME				LABEL
HOLDUP	LOCAL GONG		SAFE/VAULT	PREMISES ALARM					UL
PREMISES	CNTRL STAT W/ KEYS		PARTIAL	1 2 3					SMNA
SAFE/VAULT	CNTRL STAT W/O KEYS		COMPLETE						CLASS
	POLICE CONNECT	CERT #:	EXP DATE:						
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?	DOOR CONSTRUCTION				
				YES NO					
OTHER PROTECTION (Lighting, fences, watchpersons, etc)									

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

