

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	RETAIL	APARTMENTS	RESTAURANT	YRS IN BUS	CLASS CODE	RATE #	RATE GROUP
SERVICE	WHOLESALE	CONDOMINIUMS	CONTRACTOR				
# 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	AREA OCCUPIED	SURROUNDING EXPOSURES & OTHER OCCUPANCIES	
				OWNER	PERCENTAGE		
				TENANT			
				YEAR BUILT	SQUARE FEET		
				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER
COUNTY:		ZIP:				FT	MI
							INSIDE CITY LIMITS?
							YES NO

PROPERTY

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME				LABEL
HOLD-UP	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:						

NATURE OF BUSINESS

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

PREMISES

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

PROPERTY

BLDG	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE	CONSTRUCTION TYPE				TOT SQ FT AREA	
	\$			FVRC			\$						
PERS PROP	LIMIT	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE	# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT?	YES	NO
	\$			FVRC			\$				IS IT FINISHED?	YES	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	TAX CODE	WIND CLASS					
								<input type="checkbox"/>	RESISTIVE	<input type="checkbox"/>	SEMI-RESISTIVE	<input type="checkbox"/>	OTHER

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE			CLASS
<input type="checkbox"/>	<input type="checkbox"/> 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	
\$	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

REMARKS

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

ACORD 161 (11/98)