



PENNSYLVANIA COMMERCIAL CRIME INSURANCE APPLICATION

THIS APPLICATION IS NOT A BINDER
CAREFULLY FILL OUT FORM. CLEARLY PRINT ALL ENTRIES

DATE _____

1	APPLICANTS NAME _____				
2	PREMISES TO BE INSURED NO. _____		STREET _____		
	CITY _____	TOWNSHIP _____	COUNTY _____	STATE _____	ZIP _____
3	APPLICANT'S MAILING ADDRESS NO. _____		STREET _____		
	CITY _____	STATE _____	ZIP _____	APPLICANT'S TELEPHONE _____	Work () Home ()
4	NAME OF PERSON INSPECTOR MAY CONTACT IN LOCAL AREA _____			TELEPHONE NUMBER _____	Work () Home ()
5	Describe type of building _____ (Is there a basement occupied by the insured?) <input type="checkbox"/> YES <input type="checkbox"/> NO What portion of the premises do you want to insure-All, Floor No. and/or Room No.? BE SPECIFIC TO ENSURE PROPER COVERAGE _____				
6	Describe the class and type of business (i.e., grocery store or drug store, etc). Use description of business used on tax return, plus any additional information needed to clarify or expand this description: _____				
7	Did the applicant have any business previously insured under a Federal Crime insurance policy? <input type="checkbox"/> NO <input type="checkbox"/> YES Policy Number _____				
8	<p>If application is for burglary or robbery coverage (Option 1, 2 or 3) the following information must be provided:</p> <p>A. Certain businesses require an alarm system, safe and/or protection service. For verification purposes and to determine eligibility for premium discounts, an alarm/safe/protection service contract is required prior to policy issuance. Please indicate the type of alarm/safe/protection service in place. Alarm certificate number should be included:</p> <p><input type="checkbox"/> Central Station UL Approved <input type="checkbox"/> Central Station WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/> line security WITH Guard Response <input type="checkbox"/> Silent Alarm professionally installed with Maintenance</p> <p>UL Certificate No. _____ <input type="checkbox"/> Central Station WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/> line security WITHOUT Guard Res. <input type="checkbox"/> Local Alarm professionally installed with Maintenance</p> <p>Class _____ <input type="checkbox"/> Hold-up Alarm</p> <p>B. Does the premises contain a safe with a rating of Class E or better? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Alarm system installed</p> <p>C. Is safe or vault protected by a central station or silent supervised alarm system? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Messenger or armored Service Utilized</p>				
9	<p>PREMIUM INFORMATION</p> <p>A. Annual Gross Receipts \$ _____</p> <p><input type="checkbox"/> Existing Business-use annual gross receipts for preceding year as shown on the most recent tax return.</p> <p><input type="checkbox"/> New Business with no previous Tax Return-estimate annual gross receipts.</p> <p><input type="checkbox"/> Public or Non-Profit Organization-use operating budget.</p> <p>B. Amount of coverage requested-available in increments of \$1,000 up to a maximum of \$15,000 Insert the amount under the Option applied for:</p> <p><input type="checkbox"/> Option 1 Burglary only \$ _____</p> <p><input type="checkbox"/> Option 2 Robbery only \$ _____</p> <p><input type="checkbox"/> Option 3 A combination of options 1 and 2 in uniform or varying amounts.</p> <p style="text-align: center;">\$ _____ \$ _____ Burglary Robbery</p> <p>NOTE: Since gross receipts of a business is a factor in determining the premium of a commercial policy, any misrepresentation in the application or renewal of coverage will result in the denial of a loss and cancellation of coverage.</p> <p>PREMIUM: Contact the FAIR Plan for a Quotation.</p>				
APPLICANT CERTIFICATION					
10	<p>**IMPORTANT**</p> <p>THE FAIR PLAN DOES NOT CHARGE A SERVICE OR INSPECTION FEE. A POLICY, IF ISSUED, IS IN CONSIDERATION OF THE ABOVE APPLICATION FOR INSURANCE AND THE PAYMENT OF REQUIRED PREMIUMS. THE FOREGOING ANSWERS AND STATEMENTS IN THE APPLICATION FOR INSURANCE ARE COMPLETE, TRUE, AND CORRECTLY REPORTED AS REPRESENTATIONS AND SHALL FORM THE BASIS FOR AND BE PART OF ANY CONTRACT OF INSURANCE.</p> <p>I UNDERSTAND AND AGREE THAT THE BROKER/PRODUCER OF RECORD NAMED ON THIS APPLICATION IS MY REPRESENTATIVE AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN. I ALSO UNDERSTAND THAT MY REPRESENTATIVE HAS NO AUTHORITY TO BIND THE FAIR PLAN IN ANY MANNER. THE COLLECTION, PAYMENT OR ACCEPTANCE OF MONEY BY MY REPRESENTATIVE DOES NOT CONSTITUTE PAYMENT TO THE FAIR PLAN AND DOES NOT MEAN COVERAGE IS IN FORCE. PAYMENT OF PREMIUMS MUST BE RECEIVED AT AN OFFICE OF THE PLAN.</p> <p>WARNING: 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 THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.</p> <p>I FURTHER UNDERSTAND AND AGREE THAT ONLY UPON RECEIPT OF A PROPERLY COMPLETED APPLICATION, ACCOMPANIED BY THE APPROPRIATE PREMIUM, AND ONLY AFTER A DETERMINATION BY THE PLAN THAT MY PROPERTY IS ELIGIBLE FOR COVERAGE, CAN COVERAGE BE CONSIDERED IN FORCE.</p> <p>WITNESS _____ SIGNATURE OF APPLICANT (ON BEHALF OF ALL APPLICANTS) _____</p>				
11	<p>REQUEST FOR IMMEDIATE COVERAGE</p> <p>IMPORTANT: IMMEDIATE COVERAGE MAY NOT BE PERMITTED. INSERT DATE ONLY WHEN IMMEDIATE COVERAGE IS REQUESTED.</p> <p>DESIRED EFFECTIVE DATE: _____ GROSS PREMIUM SUBMITTED \$ _____</p> <p>EFFECTIVE DATE IS THE DATE RECEIVED BY THE PLAN AT NOON(EST) IN PENNSYLVANIA; OR A SUBSEQUENT DATE. EARLIER DATES ARE NOT ACCEPTED</p>				
12	<p>PRODUCER INFORMATION TYPE OR PRINT - DO NOT STAMP OR ATTACH STICKER</p> <p>NAME OF LICENSED AGENT OR BROKER _____ TELEPHONE NO. () _____</p> <p>ADDRESS NO. _____ STREET _____ CITY _____ STATE _____ ZIP _____</p>				
13	<p>I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE <input type="checkbox"/> BROKER <input type="checkbox"/> AGENT OF PENNSYLVANIA</p> <p>TAX ID NO: _____ LICENSE NO: _____ EXPIRING _____, 19 _____</p> <p>IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE BELOW CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF THE PENNSYLVANIA FAIR PLAN.</p> <p>FORM NO. CC-200-FP (ED 10/97) SIGNATURE OF PRODUCER OF RECORD _____</p>				

KEY INFORMATION

1. Coverage is subject to a standard deductible which is based upon gross receipts as shown below.

*GROSS RECEIPTS	DEDUCTIBLE
Less than \$299,999	\$250
\$300,000 - \$499,999	\$350
\$500,000 over	\$500

The deductible for non-profit or public property risks is \$250.

2. All losses of property above the deductible under this Policy must be reported to the Law Enforcement Authorities (whether or not a claim is filed). Willful and repeated failure to report losses to such authorities may be grounds for cancellation by the Insurer.
3. At the time of application, the premium should be submitted. Thereafter, you will automatically receive a premium due notice in advance of your premium due dates. If the premium is not received on or before the due date, the policy coverage will terminate without further notice. Upon timely receipt of your payment, your policy is automatically extended.
4. This policy cannot be transferred or assigned. Coverage ceases at the time of a move to a new premises or at the time of any change in ownership.
5. If a check submitted in payment of the premium due with this Application is dishonored by the bank on which it was drawn, the Application and any coverage issued pursuant thereto is void and without effect as of the date submitted.
6. **COMMERCIAL PROPERTY PROTECTIVE DEVICE WARRANTY**

The following protective device requirements shall apply to all commercial properties:

- (1) Each exterior doorway or doorway leading to garage areas, public hallways, terraces, balconies, or other areas affording easy access to the insured premises, shall be protected by a door which, if not a sliding door, shall be equipped with a dead lock using either an interlocking vertical bolt and striker, or a minimum ½-in throw bolt, a minimum ½-inch throw self-locking dead latch, or heavy duty padlock (¾ inch case hardened steel shackle) with five pin tumbler operation.
- (2) All sliding doors, first floor, and basement windows, and windows opening onto stairways, fire escapes, porches, terraces, balconies, or other areas affording easy access to the premises, shall be equipped with a locking device of any kind.
- (3) Skylights shall be protected by bars or grillwork or by alarm system; air vents and windows within 18 feet from ground and exceeding 96 square inches in area and 6 inches in the smallest dimension are accessible openings and must be protected; doors or doorways including transoms shall be protected; and sidewalk doors shall be protected by dead bolt locks or heavy duty padlocks.

The coverage will be automatically suspended at the insured location if the above requirements are not met.

7. **IF YOU HAVE INDICATED IN SECTION 8 THAT ANY ALARM, SAFE, OR PROTECTION SERVICE (which we will call "PROTECTIVE SAFEGUARD" IS IN USE ON THE PREMISES, THE FOLLOWING APPLIES:**

This insurance will be automatically suspended at the insured location if the insured fails to notify the insurer immediately when the insured:

- (1) Knows of any suspension or impairment in the burglar alarm.
(2) Fails to maintain the burglar alarm in complete working order.

READ YOUR POLICY CAREFULLY. THIS INFORMATION DOES NOT REPLACE THE POLICY

IF YOU SHOULD HAVE A LOSS, REMEMBER THESE TWO IMPORTANT STEPS IN FILING A CLAIM UNDER YOUR POLICY:

- (A) **FIRST, NOTIFY YOUR LOCAL LAW ENFORCEMENT AUTHORITIES IMMEDIATELY.**
(B) **REPORT YOUR LOSS TO THE INSURER EITHER BY CONTACTING YOUR AGENT OR BROKER OR BY CONTACTING THE PENNSYLVANIA FAIR PLAN.**

FOR FURTHER INFORMATION OR ASSISTANCE IN COMPLETING THE ATTACHED APPLICATION CONTACT THE FAIR PLAN OFFICE:

PHILADELPHIA, PA • 215-629-8800 • FAX 215-409-9100
TOLL FREE 800-462-4972

We Do Not Accept FAX of Applications or Checks.

PENNSYLVANIA FAIR PLAN
530 WALNUT STREET, SUITE 1650
PHILADELPHIA, PA 19106-3698