

Application for  
SPECTRUM



Some of the Companies named below are not licensed in every state.  
(Designate Company by placing x in box)

- |  |  |
|--|--|
| <input type="checkbox"/> Hartford Fire Insurance Company         | <input type="checkbox"/> Hartford Insurance Company of Illinois      |
| <input type="checkbox"/> Hartford Accident and Indemnity Company | <input type="checkbox"/> Hartford Insurance Company of the Midwest   |
| <input type="checkbox"/> Hartford Casualty Insurance Company     | <input type="checkbox"/> Hartford Insurance Company of Alabama       |
| <input type="checkbox"/> Twin City Fire Insurance Company        | <input type="checkbox"/> Hartford Insurance Company of the Southeast |

<b>GENERAL INFORMATION</b>	Agency _____	Code _____	Sub-Code _____	Effective Date _____
	Insured's Name and Address (Street, City, State and Zip Code) _____			
	Number of years Insured has been in this business <input type="text"/> Years experience in this field? <input type="text"/>			
	Interest of Insured: <input type="checkbox"/> Owner Occupant <input type="checkbox"/> Lessor <input type="checkbox"/> Tenant only Named Insured is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Condo Owner <input type="checkbox"/> Other			
<b>RISK INFORMATION</b>	<b>TYPE OF POLICY</b> <input type="checkbox"/> Standard (Named Perils) <input type="checkbox"/> Special (All Risk)		<b>If Business Personal Property Coverage is included on the Special Policy then complete Crime Questionnaire on PAGE 2</b>	
	<b>PROGRAM:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Apartment Franchise <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Condominium Association <input type="checkbox"/> Commercial Condominium Unit Owner			
	<b>RETAIL/WHOLESALE AND SERVICE:</b>	Percentage of Annual Receipts from Installation, Services and Repair ____ % For Retail and Wholesale Classes, greater than 25% is ineligible		
	<b>APARTMENTS:</b>	Number of Buildings <input type="text"/> <input type="checkbox"/> Apartments with no Mercantile occupancy <input type="checkbox"/> Apartments with Mercantile occupancy: Describe business occupancy: _____		
	<b>CONDOMINIUMS:</b>	Number of Buildings <input type="text"/>		
	<b>COMMERCIAL CONDOMINIUMS:</b>	If Commercial Association, or Unit Owner, Describe Occupancy: _____		
	<b>OFFICES:</b>	Number of outside salespersons: <input type="text"/> (More than 5 are not eligible) Describe Office occupancy: _____		
	Describe or list adjoining occupancies within 100 feet: _____			
	<b>DOES INSURED OPERATE ANY BUSINESS OR OWN ANY PROPERTY OTHER THAN THE DESCRIBED PREMISES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe _____			
	Previous Carrier _____ If The Hartford, Policy Number _____ Other Insurance provided by The Hartford _____			
<b>LOSS HISTORY</b>	<b>Describe any losses in the last 3 years at each location. Include date, type of loss and Amount Paid</b>			
<b>LIMITS OF INSURANCE</b>	<b>BUILDING</b> Building Valuation: <input type="checkbox"/> Replacement Cost Value <input type="checkbox"/> Actual Cash Value (Available when building is over 20 years) <input type="checkbox"/> Full Value Replacement Cost Endorsement (Maximum age for Full Value Endorsement is 30 years)			
	<b>PERSONAL PROPERTY/PERSONAL PROPERTY OF OTHERS</b> Property Valuation is on a Replacement Cost Value. <b>\$250 DEDUCTIBLE IS INCLUDED FOR BUILDINGS AND BUSINESS PERSONAL PROPERTY</b> Optional Deductible Available: <input type="checkbox"/> \$100. <input type="checkbox"/> \$500. <input type="checkbox"/> \$1,000. <input type="checkbox"/> \$2,500. <input type="checkbox"/> \$5,000.			
	<b>MONEY AND SECURITIES</b> (Special Policy Only) Limits: \$10,000 on Premises; \$5,000 off Premises. <b>BUSINESS LIABILITY:</b> \$1,000,000 is the base limit. Optional Limits: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$2,000,000			
	<b>LOSS OF INCOME:</b> Actual Loss sustained. Delete LOI coverage? Yes <input type="checkbox"/>			
<b>ADDITIONAL INTEREST</b>	<b>ADD. INSURED:</b> <input type="checkbox"/> Lessor/Mgr. <input type="checkbox"/> Leased Equip. <input type="checkbox"/> Franchise <input type="checkbox"/> City/State <input type="checkbox"/> Designated Person <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Vendor Loan Number _____ Loc ____ Bldg ____ Name and Address (Street, City, State and Zip Code) _____			
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**BUILDING VALUATION COMPUTATION**

Building value must be computed by The Hartford's Costimator or other acceptable valuation method  
Calculations are completed on form PD-205. COMPLETE THE FOLLOWING INFORMATION:

Loc No.	Bldg No.	Quality (1)	Area Per fl.	No. of floors	Total Area	Central Air Cond.	Elevators
1.						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No. _____
2.						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No. _____

Note: (1) Quality of the building(s)  
Code A = Excellent  
B = Good  
C = Average

**SCHEDULE OF LOCATIONS**

**Loc. No. Bldg. No. Location (Street, City, State and Zip Code)**

**Limit of Insurance**

Building \$ \_\_\_\_\_ Describe Business \_\_\_\_\_ Code \_\_\_\_\_  
 Business Personal Property \$ \_\_\_\_\_ Construction \_\_\_\_\_ Protection Class \_\_\_\_\_  
 Personal Property of Others \$ \_\_\_\_\_ Rating Territory \_\_\_\_\_ Area (sq. ft.) \_\_\_\_\_  
 Annual Sales/Receipts \$ \_\_\_\_\_ No. of Stories \_\_\_\_\_ **Year Built** \_\_\_\_\_  
 Buildings: \_\_\_\_\_ % Owner Occupied  
 Sprinkler System  Yes  No  
 Apt. and Condo: No. of Units \_\_\_\_\_ No. of Pools \_\_\_\_\_

% of Professional Sales  %  
 Drug Stores, Optical Goods, Hearing Aids  
 Storage location limit (up to \$25,000): \_\_\_\_\_  
 If Lessor: 1st Floor Occ: \_\_\_\_\_ 2nd Floor Occ: \_\_\_\_\_ 3rd Floor and above Occ: \_\_\_\_\_

**\*If Structure Value is 10% of building or greater than \$50,000, schedule as a separate building.**  
**\*\*Leased Equipment and Personal Property of others should be scheduled as a separate amount of insurance.**

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**BUILDING AGE**

**If premises is over 30 years of age, give date and extent of renovation to: Wiring, Heating, Plumbing and Roof**

Wiring: Date: \_\_\_\_\_ Renovation \_\_\_\_\_  
 Heating: Date: \_\_\_\_\_ Renovation \_\_\_\_\_  
 Plumbing: Date: \_\_\_\_\_ Renovation \_\_\_\_\_  
 Roof: Date: \_\_\_\_\_ Renovation \_\_\_\_\_

**CRIME QUESTIONNAIRE**

**If Special Policy provides coverages for Business Personal Property or the Burglary and Robbery option is selected answer the following: For additional locations attach a separate schedule.**

**Identify Burglary Protection Afforded:**

**PHYSICAL** – Exterior Lighting:  Front  Back. Wire Mesh or Bars:  Doors  Windows  
 Type of Safe \_\_\_\_\_  
 Is Insured open 24 hours?  Yes  No Hours: \_\_\_\_\_  
 Do Exterior doors have double-cylinder dead-bolt locks?  Yes  No

**ALARMS** –  U.L. Central Station  Line Security  Police Department connection  U.L. Local  
 U.L. Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Watchmen  Yes  No Number \_\_\_\_\_  Central Station  Clock

**MANAGEMENT** – Adequate Inventory Records maintained?  Yes  No. Maximum Amount of Money on premises  
 Overnight \$ \_\_\_\_\_ How frequently are deposits made? \_\_\_\_\_

**REMARKS**

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

OPTIONAL COVERAGES

- Hired Auto and Non-owned Auto** Delivery Service  Yes  No
- Stretch Coverage**  Florist  Printer  Drugstore  Restaurant  Deli/Sandwich
- Building Stretch**
- Fire Legal Liability**  \$500,000  \$1,000,000 Water Legal  Yes  No
- Back up Sewers and Drains** — \$25,000
- Off Premises Utility Service** — \$25,000
- Transit Coverage**  \$10,000  20,000  \$30,000  \$40,000  \$50,000
- Employee Dishonesty** — Total Number of Employees \_\_\_\_\_ (Include Officers & Directors):  
Limits: (1,000's)  \$10  \$20  \$30  \$40  \$50  \$75  \$100  \$125  
How frequently are audits made \_\_\_\_\_ Audits made by \_\_\_\_\_
- ERISA Employee Dishonesty Coverage** (Employee Dishonesty Coverage Must be Included)
- Outdoor Signs** — Total Amount of Insurance \$ \_\_\_\_\_
- Fine Arts**  
Attach schedule of items including value and description. **SPECIAL POLICY ONLY**
- Accounts Receivable** (\$1,000 coverage is included)  
Limits: (1000's)  15  25  50  75  100  125  150  175  200  225  250
- Valuable Papers and Records** (\$1,000 coverage is included)  
Limits: (1000's)  15  25  50  75  100  125  150  175  200  225  250
- Increased Limit for Personal Property Off-Premises (To \$50,000)**  10  20  30  40  50
- Additional Insureds:** Indicate Name, Mailing Address and Location on PAGE 1.
- Additional Insured/Broad Form Vendor**
- Broad Form Vendor Coverage:** (Wholesale Only) Total percentage of sale, for all designated vendors \_\_\_\_ %  
Indicate Name, Mailing Address and Location on PAGE 1.
- Burglary and Robbery: Loc/Bldg 1** —  Yes  No **Loc/Bldg 2** —  Yes  No  
Coverages will be 25% of the Coverage B Amount of Insurance. **STANDARD POLICY ONLY.**  
(Complete Crime Questionnaire on PAGE 2)
- Glass: Loc/Bldg 1**  Exterior — No. Linear Ft. \_\_\_\_\_  Semi-Exterior — No. Linear Ft. \_\_\_\_\_  
**Loc/Bldg 2**  Exterior — No. Linear Ft. \_\_\_\_\_  Semi-Exterior — No. Linear Ft. \_\_\_\_\_
- Earthquake**  
Does building have specific rate?  Yes  No **Loc/Bldg 1**  Yes  No **Loc/Bldg 2**  Yes  No  
Is building hollow concrete block or tile?  Yes  No  Yes  No  
Is building brick or Masonry Veneer  Yes  No  Yes  No
- Earthquake Sprinkler Leakage**  Yes  No  Yes  No
- Temperature Change** (Optional Limits each Location)  
**Loc/Bldg 1:**  \$5,000  \$10,000  \$15,000  \$20,000  \$25,000  
**Loc/Bldg 2:**  \$5,000  \$10,000  \$15,000  \$20,000  \$25,000  
(Retail, Wholesale, Service and Office Programs Only)
- Computers and Media Coverage** (Optional Limits each Location) Limits: (1,000's)  
**Loc/Bldg 1:**  15  25  50  75  100  125  150  175  200  225  250  
**Loc/Bldg 2:**  15  25  50  75  100  125  150  175  200  225  250
- Money and Securities Off Premises Limit \$10,000**  Yes  No
- Ordinance or Law Loc/Bldg 1:**  Yes **Loc/Bldg 2:**  Yes  
**Loc/Bldg 1**  Demolition Cost \$ \_\_\_\_\_ Increased Cost \$ \_\_\_\_\_  
**Loc/Bldg 2**  Demolition Cost \$ \_\_\_\_\_ Increased Cost \$ \_\_\_\_\_
- Veterinarians Professional:** Types of animals normally treated: \_\_\_\_\_  
Total number of: Veterinarians (Named Insured, Partners, Officers \_\_\_\_\_ Employee Veterinarians \_\_\_\_\_ )  
(Limit is the same as Business Liability Limit of the Policy)
- Veterinarians Animal Bailee:** Loc/Bldg. 1  Yes  No Limit \$ \_\_\_\_\_  
Loc/Bldg. 2  Yes  No Limit \$ \_\_\_\_\_  
(specified perils coverage; limit — \$1,000. per animal with limit shown on Declarations Page as agg.)
- Barber Shop or Beauty Parlor Professional:** Total number of Beauticians \_\_\_\_\_ Barbers \_\_\_\_\_  
(Limit is the same as Business Liability Limit for the policy)
- Printers Errors and Omissions Liability** (Limit is the same as Business Liability Limit for the policy)
- Employee Benefits Liability** (Limit is the same as Business Liability Limit of the Policy)  
Claims made coverage, aggregate is twice occurrence limit.  
Convert HARTFORD Policy \_\_\_\_\_ Current Retro Date \_\_\_\_\_

**SPECTRUM UMBRELLA LIABILITY**     Yes     No

UMBRELLA ENDORSEMENT

1. **LIMIT OF LIABILITY:** (Maximum of 6,000,000 of primary and excess limits combined)  
 1,000,000 occ./agg.     2,000,000 occ./agg.     3,000,000 occ./agg.     4,000,000 occ./agg.     5,000,000 occ./agg.
2. Schedule of Underlying Insurance (if there is no exposure enter NONE in Policy Number column.)

General Liability MUST BE provided by the Spectrum Policy  
 Underlying Automobile Liability must be provided by The Hartford.

Type of Insurance	Insurance Company	Policy Period	Policy Number	Underlying** Limits (000)	Total Premium
Auto Liab. Incl. <input type="checkbox"/> Non-Owned <input type="checkbox"/> Hired				BI pers: occ: PD occ: BI/PD-occ:	
Workers' Compensation				BPP Amount	
Other (Describe)					

**\*NOTE: If the Insured has any locations or operations not insured in SPECTRUM, the risk is ineligible for the SPECTRUM Umbrella. If the Insured has more than one SPECTRUM Policy, list all SPECTRUM Policies.**

\*\*MINIMUM LIMITS: AUTO LIABILITY \$500,000 SINGLE/OR 500/500/100 DUAL LIMITS

3. List property occupied but not owned by the Insured with a replacement value in excess of \$300,000

Location	Occupancy	Part or % Occupied	Estimated Value	Coverage Type/Amount
_____	_____	_____	_____	_____

4. Do you have any leased equipment for which you are liable and which is not described as Business Personal Property by the Underlying SPECTRUM Policy?     Yes     NO

5. Number of Owned Automobiles: \_\_\_\_\_ **(Not to exceed 4 owned vehicles per location. Vehicles may be private passenger or light trucks classified as Retail, Service or Commercial only)**

**NOTE: IF NO OWNED AUTOS, NON-OWNED/HIRED CAR MUST BE INCLUDED ON SPECTRUM POLICY.**

6. Loss History: List all losses over \$5,000 in last five years — if no losses enter NONE in Date column.

Type of Loss	Date	Amount
General Liability		
Automobile		
Workers' Compensation		
Other (Describe)		

BINDER

This company binds the kind(s) of insurance stipulated in this application for the period of 30 days, commencing at 12:01 a.m., (12:00 noon, if state law applies) (standard time) at the address of the Insured stated in this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy provisions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Effective date of this binder: \_\_\_\_\_ (Mo., Day and Year)

This binder shall be not valid unless signed by an authorized agent of the Company.

NEW YORK FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

PAYMENT OPTIONS:     PREPAID     TABS (ATTACH DIRECT BILLING REQUEST FORM)

Is Coverage Bound?     Yes     No.    Has Quotation been made?     Yes    Prem. Quoted \$ \_\_\_\_\_

For Inspection contact (name and Phone No.) \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_