

| Section Name                                    | Field Name                                   | Field and/or Section Description  |
|---|--|---|
| <b>TITLE</b><br><b>ACORD 145 (2013/09)</b>      | <b>Accounts Receivable / Valuable Papers</b> | <p>The title of the form. ACORD 145, Accounts Receivable / Valuable Papers section, addresses the basic underwriting and rating needs for both Accounts Receivable and Valuable Paper coverages written under an Inland Marine or Property policy. As much information as possible should be collected regarding receivables and valuable papers to evaluate the particular risk. All questions regarding the particular risk must be completed. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.</p> <p>Accounts Receivable is on page 1 of the form and Valuable Papers is on page 2.</p> <p>This form is designed to be used in conjunction with ACORD 125, Commercial Insurance Application - Applicant Information Section. Refer to ACORD 125 for information on that form.</p> |
| <b>IDENTIFICATION SECTION</b>                   | <b>Agency Customer ID</b>                    | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).   |
| <b>IDENTIFICATION SECTION</b>                   | <b>Date</b>                                  | Enter date: The date on which the form is completed.  |
| <b>IDENTIFICATION SECTION</b>                   | <b>Agency</b>                                | Enter text: The full name of the producer/agency.   |
| <b>IDENTIFICATION SECTION</b>                   | <b>Policy Number</b>                         | Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.  |
| <b>IDENTIFICATION SECTION</b>                   | <b>Effective Date</b>                        | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.  |
| <b>IDENTIFICATION SECTION</b>                   | <b>Carrier</b>                               | Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.  |
| <b>IDENTIFICATION SECTION</b>                   | <b>NAIC Code</b>                             | Enter code: The identification code assigned to the insurer by the NAIC.  |
| <b>IDENTIFICATION SECTION</b>                   | <b>Applicant / First Named Insured</b>       | Enter text: The named insured(s) as it/they will appear on the policy declarations page.  |
| <b>POLICY INFORMATION / ACCOUNTS RECEIVABLE</b> | <b>Reporting (Checkbox)</b>                  | Check the box (if applicable): Indicates Accounts Receivable insurance is requested on a reporting basis. Reporting coverage usually requires monthly reports of the applicant's total Accounts Receivable and is subject to annual premium adjustment.   |
| <b>POLICY INFORMATION / ACCOUNTS RECEIVABLE</b> | <b>Non-Reporting (Checkbox)</b>              | Check the box (if applicable): Indicates Accounts Receivable insurance is requested on a non-reporting basis.   |

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|--|---|--|
| POLICY INFORMATION / ACCOUNTS RECEIVABLE | Your Premises - Limit                               | Enter limit: The limit required for accounts receivable located on your premises, including branch locations.  |
| POLICY INFORMATION / ACCOUNTS RECEIVABLE | Not at Your Premises - Limit                        | Enter limit: The limit required for accounts receivable located off your premises.   |
| POLICY INFORMATION / ACCOUNTS RECEIVABLE | In Transit - Limit                                  | Enter limit: The limit required for accounts receivable in transit.  |
| POLICY INFORMATION / ACCOUNTS RECEIVABLE | All Covered Property at all Locations - Limit       | Enter limit: The sum of all accounts receivable covered property at all locations.   |
| PREMISES/BUILDING INFORMATION            | Premises #  | Enter number: The location number for the premises. As used here, the premises location number as stated in the Applicant Information Section (ACORD 125).   |
| PREMISES/BUILDING INFORMATION            | Building #  | Enter number: The building number for the premises. Used when more than one building exists at an individual location. As used here, the premises building number as stated in the Applicant Information Section (ACORD 125).          |
| PREMISES/BUILDING INFORMATION            | Building Construction                               | Enter code: The primary construction type of the premises. Common construction classifications are:<br>* Frame<br>* Joisted Masonry<br>* Non-Combustible<br>* Masonry Non-Combustible<br>* Modified Fire Resistive<br>* Fire Resistive |
| PREMISES/BUILDING INFORMATION            | Sprinklers-Yes (Checkbox)                           | Check the box (if applicable): Indicates the building is equipped with a fire sprinkler system.  |
| PREMISES/BUILDING INFORMATION            | Sprinklers-No (Checkbox)                            | Check the box (if applicable): Indicates the building is not equipped with a fire sprinkler system.  |
| PREMISES/BUILDING INFORMATION            | Classification of Business-Retail (Checkbox)        | Check the box (if applicable): Indicates the nature of business is retail.   |
| PREMISES/BUILDING INFORMATION            | Percentage of Retail Business                       | Enter percentage: The percentage of the total accounts receivable the retail business represents.  |
| PREMISES/BUILDING INFORMATION            | Classification of Business-Wholesale (Checkbox)     | Check the box (if applicable): Indicates the nature of business is wholesale.  |
| PREMISES/BUILDING INFORMATION            | Percentage of Wholesale Business                    | Enter percentage: The percentage of the total accounts receivable the wholesale business represents.   |
| PREMISES/BUILDING INFORMATION            | Classification of Business-Manufacturing (Checkbox) | Check the box (if applicable): Indicates the nature of business is manufacturing.  |

| Section Name                   | Field Name                                      | Field and/or Section Description  |
|--------------------------------|---|---|
| PREMISES/BUILDING INFORMATION  | Percentage of Manufacturing Business            | Enter percentage: The percentage of the total accounts receivable the manufacturing business represents.  |
| PREMISES/BUILDING INFORMATION  | Classification of Business-Insurance (Checkbox) | Check the box (if applicable): Indicates the nature of business is insurance.   |
| PREMISES/BUILDING INFORMATION  | Percentage of Insurance Business                | Enter percentage: The percentage of the total accounts receivable the insurance business represents.  |
| LOCATION OF RECORDS/PROTECTION | Address or Location                             | Enter text: The first address line of the commercial structure. As used here, complete this section in regard to the location and protection systems for the Accounts Receivable. Information on the classification of safes, vaults and alarm systems can be found in the Crime Section of the ISO Classification and Rating Manual. Indicate the address where Accounts Receivable are kept. This might also appear in the Applicant Information Section (ACORD 125). If so, indicate "per ACORD 125" and list the location number. |
| LOCATION OF RECORDS/PROTECTION |   | Enter text: The city of the commercial structure.   |
| LOCATION OF RECORDS/PROTECTION |   | Enter code: The state of the commercial structure.  |
| LOCATION OF RECORDS/PROTECTION |   | Enter code: The postal code of the commercial structure.  |
| LOCATION OF RECORDS/PROTECTION | Section of Building                             | Enter text: The section of the building where records of Accounts Receivable are kept; e.g., warehouse vs. office (separate fire rate) and floor have underwriting importance. If other than office, explain.   |
| LOCATION OF RECORDS/PROTECTION | Fire Contents Rate                              | Enter percentage: The 80 percent coinsurance (Basic Group I Personal Property Rate) for the section of the building where Accounts Receivable are usually kept.   |
| LOCATION OF RECORDS/PROTECTION | Safe/Vault/Receptacle Manufacturer              | Enter text: The safe or vault manufacturer's name.  |
| LOCATION OF RECORDS/PROTECTION | Label-UL (Checkbox)                             | Check the box (if applicable): Indicates the rating is based on Underwriters Laboratories, Inc. (UL).   |
| LOCATION OF RECORDS/PROTECTION | Label-SMNA (Checkbox)                           | Check the box (if applicable): Indicates the rating is based on Safe Manufacturers National Association (SMNA).   |
| LOCATION OF RECORDS/PROTECTION | Class   | Enter code: The construction classification representing the extent of burglary protection for this safe or vault. Use the classification from the Burglary label and not the Fire label located on the safe or vault. For industry definitions of the classifications, refer to the Commercial Lines Manual.   |
| LOCATION OF RECORDS/PROTECTION | Door Type-Round (Checkbox)                      | Check the box (if applicable): Indicates the door is round.   |

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|--------------------------------|--|--|
| LOCATION OF RECORDS/PROTECTION | Door Type-Square (Checkbox)                  | Check the box (if applicable): Indicates the door is square.   |
| LOCATION OF RECORDS/PROTECTION | Combination Locks-Outer (Checkbox)           | Check the box (if applicable): Indicates if there are outer combination locks on the safe or vault.  |
| LOCATION OF RECORDS/PROTECTION | Combination Locks-Inner (Checkbox)           | Check the box (if applicable): Indicates if there are inner combination locks on the safe or vault.  |
| LOCATION OF RECORDS/PROTECTION | Combination Locks-Chest (Checkbox)           | Check the box (if applicable): Indicates if there are chest combination locks on the safe or vault.  |
| LOCATION OF RECORDS/PROTECTION | Door Thickness                               | Enter number: The door thickness in inches, excluding bolt work.   |
| LOCATION OF RECORDS/PROTECTION | Wall Thickness                               | Enter number: The wall thickness is inches.  |
| LOCATION OF RECORDS/PROTECTION | Construction                                 | Enter text: The construction of the safe, vault or other receptacle (e.g., 4-inch steel door, with 12-inch reinforced stone walls).                                  |
| LOCATION OF RECORDS/PROTECTION | Duplicate Records-Yes (Checkbox)             | Check the box (if applicable): Indicates duplicate accounts receivable records are kept.   |
| LOCATION OF RECORDS/PROTECTION | Duplicate Records-No (Checkbox)              | Check the box (if applicable): Indicates duplicate accounts receivable records are not kept.   |
| LOCATION OF RECORDS/PROTECTION | % of Records Duplicated                      | Enter percentage: The percent of all accounts receivable that have duplicate records.  |
| LOCATION OF RECORDS/PROTECTION | Period Records Kept                          | Enter number: The number of months all duplicate records are maintained.   |
| LOCATION OF RECORDS/PROTECTION | Location of Duplicate Records Address Line 1 | Enter text: The first address line of the commercial structure. As used here, the location where duplicate records are kept.   |
| LOCATION OF RECORDS/PROTECTION | City   | Enter text: The city of the commercial structure. As used here, the location where duplicate records are kept.   |
| LOCATION OF RECORDS/PROTECTION | State  | Enter code: The state of the commercial structure. As used here, the location where duplicate records are kept.  |
| LOCATION OF RECORDS/PROTECTION | Zip Code                                     | Enter code: The postal code of the commercial structure. As used here, the location where duplicate records are kept.  |
| LOCATION OF RECORDS/PROTECTION | Location of Duplicate Records Description    | Enter text: The precise storage location or section of the building where the duplicate records are kept.  |
| LOCATION OF RECORDS/PROTECTION | Alarm Type-Hold-Up (Checkbox)                | Check the box (if applicable): Indicates the alarm type is a hold-up alarm. A manual or semiautomatic control which can transmit an alarm in the event of a hold-up. |

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|--------------------------------|---|---|
| LOCATION OF RECORDS/PROTECTION | Alarm Type-Premises (Checkbox)                          | Check the box (if applicable): Indicates the alarm type is a premises alarm. A sensing device installed on premises which transmits an alarm in the event of unauthorized entry. The Premises Extent must be completed for Premises Alarms.       |
| LOCATION OF RECORDS/PROTECTION | Alarm Type-Safe (Checkbox)                              | Check the box (if applicable): Indicates the alarm type is a safe/vault alarm. A system that protects the safe or vault and is connected to an outside central station, gong or siren. The Extent of Protection for safe/vault must be completed. |
| LOCATION OF RECORDS/PROTECTION | Alarm Description-Local Gong (Checkbox)                 | Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.  |
| LOCATION OF RECORDS/PROTECTION | Alarm Description-Central Station (Checkbox)            | Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.   |
| LOCATION OF RECORDS/PROTECTION | Alarm Description-Police Connect (Checkbox)             | Check the box (if applicable): Indicates if alarms (hold-up and burglar) are transmitted to police headquarters rather than to a private control station  |
| LOCATION OF RECORDS/PROTECTION | Alarm Description-With Keys (Checkbox)                  | Check the box (if applicable): Indicates the alarm company, located off the insured's premises, has keys to the applicant's property.   |
| LOCATION OF RECORDS/PROTECTION | Grade   | Enter code: The alarm grade as described in the Insurance Services Office crime rating manual (e.g., AA, A, B, C) which indicates the time required to respond to a signal from the alarm system.   |
| LOCATION OF RECORDS/PROTECTION | Extent of Protection for Safe/Vault-Partial (Checkbox)  | Check the box (if applicable): Indicates the extent of protection for the safe/vault is partial and covers around the door only.  |
| LOCATION OF RECORDS/PROTECTION | Extent of Protection for Safe/Vault-Complete (Checkbox) | Check the box (if applicable): Indicates the extent of protection for the safe/vault is complete and covers the sides, top walls, floor and ceiling.  |
| LOCATION OF RECORDS/PROTECTION | Extent of Protection for Premises-1 (Checkbox)          | Check the box (if applicable): Indicates the extent of protection for the premises is premises 1 as defined in the ISO Classification and Rating Manual.  |
| LOCATION OF RECORDS/PROTECTION | Extent of Protection for Premises-2 (Checkbox)          | Check the box (if applicable): Indicates the extent of protection for the premises is premises 2 as defined in the ISO Classification and Rating Manual.  |
| LOCATION OF RECORDS/PROTECTION | Extent of Protection for Premises-3 (Checkbox)          | Check the box (if applicable): Indicates the extent of protection for the premises is premises 3 as defined in the ISO Classification and Rating Manual.  |
| LOCATION OF RECORDS/PROTECTION | Alarm Installed & Serviced By                           | Enter text: The name of the alarm company that installed and services the alarm. Alarm companies often install, maintain, and service the system in addition to providing Central Station facilities.   |
| LOCATION OF RECORDS/PROTECTION | # Guards  | Enter number: The number of guards within the premises or at its door during regular business hours.  |
| LOCATION OF RECORDS/PROTECTION | # Watchpersons  | Enter number: The number of watchpersons on the premises during non-office hours.   |

| <b>Section Name</b>                   | <b>Field Name</b>                           | <b>Field and/or Section Description</b>  |
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| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Watchpersons-RPT/Cent. St (Checkbox)</b> | Check the box (if applicable): Indicates the watchpersons report to a central station on an hourly basis.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Watchpersons-Clock Hrly (Checkbox)</b>   | Check the box (if applicable): Indicates the watchpersons register hourly with an approved watchperson's clock (Detex Time Clock, etc.).   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Watchpersons-Don't Signal (Checkbox)</b> | Check the box (if applicable): Indicates the watchpersons do not do any type of reporting or registering.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Certificate Number</b>                   | Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Expiration Date</b>                      | Enter date: The expiration date of the certificate.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Accessible Openings &amp; Protection</b> | Enter text: The information regarding access to the premises. Indicate number of doors and if they are protected. Indicate what type of locks are used, and if there is a gate or bars.                                    |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Other Protection</b>                     | Enter text: The description of other protective measures or devices (e.g., if windows have steel grates and are connected to an alarm). Indicate if the building has skylights and if windows are visible from the street. |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Mo./Yr One</b>                           | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Account Receivable One</b>               | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Mo./Yr Two</b>                           | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Accounts Receivable Two</b>              | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Mo./Yr Three</b>                         | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Accounts Receivable Three</b>            | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Mo./Yr Four</b>                          | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Accounts Receivable Four</b>             | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Mo./Yr Five</b>                          | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b>         | <b>Account Receivable Five</b>              | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application.   |

| <b>Section Name</b>           | <b>Field Name</b>                      | <b>Field and/or Section Description</b>  |
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| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Six</b>                      | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Accounts Receivable Six</b>         | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Seven</b>                    | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Accounts Receivable Seven</b>       | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Eight</b>                    | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Accounts Receivable Eight</b>       | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Nine</b>                     | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Account Receivable Nine</b>         | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Ten</b>                      | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Accounts Receivable Ten</b>         | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Eleven</b>                   | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Accounts Receivable Eleven</b>      | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Mo./Yr Twelve</b>                   | Enter text: The date (MM/YYYY) for which the accounts receivable history is being presented.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Accounts Receivable Twelve</b>      | Enter amount: The amount of receivables outstanding as of the last fiscal day of the month of the prior year immediately preceding the date of this application. |
| <b>HISTORY OF RECEIVABLES</b> | <b>Deferred Payment Percentage</b>     | Enter percentage: The percentage of accounts receivable under a deferred payment plan.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Uncollected Accounts - Year One</b> | Enter year: The year for which uncollectible receivables are being recorded. This information should be entered for the prior three years.                       |
| <b>HISTORY OF RECEIVABLES</b> | <b>Uncollected Accounts - (\$) One</b> | Enter amount: The amount of uncollectible receivables.   |
| <b>HISTORY OF RECEIVABLES</b> | <b>Uncollected Accounts - Year Two</b> | Enter year: The year for which uncollectible receivables are being recorded. This information should be entered for the prior three years.                       |

| Section Name           | Field Name   | Field and/or Section Description   |
|------------------------|--|--|
| HISTORY OF RECEIVABLES | Uncollected Accounts - (\$) Two                                  | Enter amount: The amount of uncollectible receivables.   |
| HISTORY OF RECEIVABLES | Uncollected Accounts - Year Three                                | Enter year: The year for which uncollectible receivables are being recorded. This information should be entered for the prior three years.   |
| HISTORY OF RECEIVABLES | Uncollected Accounts - (\$) Three                                | Enter amount: The amount of uncollectible receivables.   |
| GENERAL INFORMATION    | 1. Is "Cycle Billing" accounting system used? Yes (Checkbox)     | Check the box (if applicable): Indicates a "Yes" response to the question, "Is cycle billing accounting system used?".   |
| GENERAL INFORMATION    | 1. Is "Cycle Billing" accounting system used? No (Checkbox)      | Check the box (if applicable): Indicates a "No" response to the question, "Is cycle billing accounting system used?".  |
| GENERAL INFORMATION    | 2. Are billed and unbilled records kept separate? Yes (Checkbox) | Check the box (if applicable): Indicates a "Yes" response to the question, "Are billed and unbilled records kept separate?".   |
| GENERAL INFORMATION    | 2. Are billed and unbilled records kept separate? No (Checkbox)  | Check the box (if applicable): Indicates a "No" response to the question, "Are billed and unbilled records kept separate?".  |
| GENERAL INFORMATION    | 3. Has there been flooding at any location? Yes (Checkbox)       | Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been flooding at any location?".   |
| GENERAL INFORMATION    | 3. Has there been flooding at any location? No (Checkbox)        | Check the box (if applicable): Indicates a "No" response to the question, "Has there been flooding at any location?".  |
| GENERAL INFORMATION    | Remarks  | Enter text: The general remarks associated with the commercial inland marine line of business. Use this section to provide any additional information required for underwriting or rating.   |
| IDENTIFICATION SECTION | Agency Customer ID   | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).  |
| POLICY INFORMATION     | Your Premises - Limit  | Enter limit: The limit required for valuable papers located on your premises, including branch locations.  |
| POLICY INFORMATION     | Not at Your Premises - Limit                                     | Enter limit: The limit required for valuable papers located off your premises.   |
| POLICY INFORMATION     | Blanket (Checkbox)   | Check the box (if applicable): Indicates the coverage is to be written on a blanket basis. If blanket coverage is requested enter the blanket limit amount.  |
| POLICY INFORMATION     | Amount (\$)  | Enter limit: The blanket limit amount.   |
| POLICY INFORMATION     | Specified Amount (Checkbox)                                      | Check the box (if applicable): Indicates coverage is to be written on a specified amount basis. If coverage is to be written on a specified amount basis, an agreed amount per item should be entered in the Papers section along with a description of the specified paper. |
| POLICY INFORMATION     | Occurrence Deductible  | Enter deductible: The per occurrence deductible amount.  |



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|--------------------------------|--|--|
| POLICY INFORMATION             | Can Papers Be Replaced? Yes (Checkbox)             | Check the box (if applicable): Indicates papers can be replaced.   |
| POLICY INFORMATION             | Can Papers Be Replaced? No (Checkbox)              | Check the box (if applicable): Indicates papers can not be replaced.   |
| LOCATION                       | Premises #   | Enter number: The location number for the premises.  |
| LOCATION                       | Building #   | Enter number: The building number for the premises. Used when more than one building exists at an individual location.   |
| LOCATION                       | Building Construction                              | Enter code: The primary construction type of the premises. Common construction classifications are:<br>* Frame<br>* Joisted Masonry<br>* Non-Combustible<br>* Masonry Non-Combustible<br>* Modified Fire Resistive<br>* Fire Resistive |
| LOCATION                       | Sprinklers-Yes (Checkbox)                          | Check the box (if applicable): Indicates the building is equipped with a fire sprinkler system.  |
| LOCATION                       | Sprinklers-No (Checkbox)                           | Check the box (if applicable): Indicates the building is not equipped with a fire sprinkler system.  |
| LOCATION OF RECORDS/PROTECTION | Address or Location                                | Enter text: The first address line of the commercial structure.  |
| LOCATION OF RECORDS/PROTECTION |  | Enter text: The city of the commercial structure.  |
| LOCATION OF RECORDS/PROTECTION |  | Enter code: The state of the commercial structure.   |
| LOCATION OF RECORDS/PROTECTION |  | Enter code: The postal code of the commercial structure.   |
| LOCATION OF RECORDS/PROTECTION | Section of Building                                | Enter text: The section of the building where records of Accounts Receivable are kept; e.g., warehouse vs. office (separate fire rate) and floor have underwriting importance. If other than office, explain.                          |
| LOCATION OF RECORDS/PROTECTION | Fire Contents Rate                                 | Enter percentage: The 80 percent coinsurance (Basic Group I Personal Property Rate) for the section of the building where Accounts Receivable are usually kept.  |
| LOCATION OF RECORDS/PROTECTION | Receptacles in which property is kept at all times | Enter text: The type of receptacle in which the valuable papers are stored.  |
| LOCATION OF RECORDS/PROTECTION | Safe/Vault/Receptacle Manufacturer                 | Enter text: The safe or vault manufacturer's name.   |

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|---------------------------------------|---|---|
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Label-UL (Checkbox)</b>                          | Check the box (if applicable): Indicates the rating is based on Underwriters Laboratories, Inc. (UL).   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Label-SMNA (Checkbox)</b>                        | Check the box (if applicable): Indicates the rating is based on Safe Manufacturers National Association (SMNA).   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Class</b>  | Enter code: The construction classification representing the extent of burglary protection for this safe or vault. Use the classification from the Burglary label and not the Fire label located on the safe or vault. For industry definitions of the classifications, refer to the Commercial Lines Manual. |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Door Type-Round (Checkbox)</b>                   | Check the box (if applicable): Indicates the door is round.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Door Type-Square (Checkbox)</b>                  | Check the box (if applicable): Indicates the door is square.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Combination Locks-Outer (Checkbox)</b>           | Check the box (if applicable): Indicates if there are outer combination locks on the safe or vault.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Combination Locks-Inner (Checkbox)</b>           | Check the box (if applicable): Indicates if there are inner combination locks on the safe or vault.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Combination Locks-Chest (Checkbox)</b>           | Check the box (if applicable): Indicates if there are chest combination locks on the safe or vault.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Thickness of Door</b>                            | Enter number: The door thickness in inches, excluding bolt work.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Thickness of Wall</b>                            | Enter number: The wall thickness is inches.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Construction</b>                                 | Enter text: The construction of the safe, vault or other receptacle (e.g., 4-inch steel door, with 12-inch reinforced stone walls).   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Type-Hold Up (Checkbox)</b>                | Check the box (if applicable): Indicates the alarm type is a hold-up alarm. A manual or semiautomatic control which can transmit an alarm in the event of a hold-up.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Type-Premises (Checkbox)</b>               | Check the box (if applicable): Indicates the alarm type is a premises alarm. A sensing device installed on premises which transmits an alarm in the event of unauthorized entry. The Premises Extent must be completed for Premises Alarms.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Type-Safe (Checkbox)</b>                   | Check the box (if applicable): Indicates the alarm type is a safe/vault alarm. A system that protects the safe or vault and is connected to an outside central station, gong or siren. The Extent of Protection for safe/vault must be completed.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Description-Local Gong (Checkbox)</b>      | Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Description-Central Station (Checkbox)</b> | Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.   |

| <b>Section Name</b>                   | <b>Field Name</b>  | <b>Field and/or Section Description</b>   |
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| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Description-Police Connect (Checkbox)</b>         | Check the box (if applicable): Indicates if alarms (hold-up and burglar) are transmitted to police headquarters rather than to a private control station  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Description-With Keys (Checkbox)</b>              | Check the box (if applicable): Indicates the alarm company, located off the insured's premises, has keys to the applicant's property.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Grade</b>   | Enter code: The alarm grade as described in the Insurance Services Office crime rating manual (e.g., AA, A, B, C) which indicates the time required to respond to a signal from the alarm system.     |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Extent of Protection-Safe/Vault-Partial (Checkbox)</b>  | Check the box (if applicable): Indicates the extent of protection for the safe/vault is partial and covers around the door only.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Extent of Protection-Safe/Vault-Complete (Checkbox)</b> | Check the box (if applicable): Indicates the extent of protection for the safe/vault is complete and covers the sides, top walls, floor and ceiling.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Extent of Protection-Premises-1 (Checkbox)</b>          | Check the box (if applicable): Indicates the extent of protection for the premises is premises 1 as defined in the ISO Classification and Rating Manual.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Extent of Protection-Premises-2 (Checkbox)</b>          | Check the box (if applicable): Indicates the extent of protection for the premises is premises 2 as defined in the ISO Classification and Rating Manual.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Extent of Protection-Premises-3 (Checkbox)</b>          | Check the box (if applicable): Indicates the extent of protection for the premises is premises 3 as defined in the ISO Classification and Rating Manual.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Alarm Installed &amp; Serviced By</b>                   | Enter text: The name of the alarm company that installed and services the alarm. Alarm companies often install, maintain, and service the system in addition to providing Central Station facilities. |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b># Guards</b>  | Enter number: The number of guards within the premises or at its door during regular business hours.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b># Watchpersons</b>                                      | Enter number: The number of watchpersons on the premises during non-office hours.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Watchpersons-Rpt/Cent. St (Checkbox)</b>                | Check the box (if applicable): Indicates the watchpersons report to a central station on an hourly basis.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Watchpersons-Clock Hrly (Checkbox)</b>                  | Check the box (if applicable): Indicates the watchpersons register hourly with an approved watchperson's clock (Detex Time Clock, etc.).  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Watchpersons-Don't Signal (Checkbox)</b>                | Check the box (if applicable): Indicates the watchpersons do not do any type of reporting or registering.   |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Certificate Number</b>                                  | Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.                                 |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Expiration Date</b>                                     | Enter date: The expiration date of the certificate.   |

| <b>Section Name</b>                   | <b>Field Name</b>                           | <b>Field and/or Section Description</b>  |
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| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Accessible Openings &amp; Protection</b> | Enter text: The information regarding access to the premises. Indicate number of doors and if they are protected. Indicate what type of locks are used, and if there is a gate or bars.  |
| <b>LOCATION OF RECORDS/PROTECTION</b> | <b>Other Protection</b>                     | Enter text: The description of other protective measures or devices (e.g., if windows have steel grates and are connected to an alarm). Indicate if the building has skylights and if windows are visible from the street.   |
| <b>PAPERS</b>                         | <b># One</b>                                | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>                         | <b>Description of Papers One</b>            | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>                         | <b>Specified Amount One</b>                 | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>                         | <b># Two</b>                                | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>                         | <b>Description of Papers Two</b>            | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>                         | <b>Specified Amount Two</b>                 | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>                         | <b># Three</b>                              | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>                         | <b>Description of Papers Three</b>          | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>                         | <b>Specified Amount Three</b>               | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>                         | <b># Four</b>                               | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>                         | <b>Description of Papers Four</b>           | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>                         | <b>Specified Amount Four</b>                | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>                         | <b># Five</b>                               | Enter identifier: The identifier assigned by the producer/agent to the item.   |

| <b>Section Name</b> | <b>Field Name</b>                   | <b>Field and/or Section Description</b>  |
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| <b>PAPERS</b>       | <b>Description of Papers Five</b>   | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>       | <b>Specified Amount Five</b>        | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>       | <b># Six</b>                        | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>       | <b>Description of Papers Six</b>    | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>       | <b>Specified Amount Six</b>         | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>       | <b># Seven</b>                      | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>       | <b>Description of Papers Seven</b>  | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>       | <b>Specified Amount Seven</b>       | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>       | <b># Eight</b>                      | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>       | <b>Description of Papers Eight</b>  | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>       | <b>Specified Amount Eight</b>       | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>       | <b># Nine</b>                       | Enter identifier: The identifier assigned by the producer/agent to the item.   |
| <b>PAPERS</b>       | <b>Description of Papers Nine</b>   | Enter text: The description of valuable papers to be insured including manuscripts, documents, rare printings, etc. Older items require appraisals; architects' or engineers' plans should be described; deeds and contracts should be categorized. Valuable papers do not include money and securities. |
| <b>PAPERS</b>       | <b>Specified Amount Nine</b>        | Enter limit: The agreed limit amount used when coverage is written on a specified amount basis.  |
| <b>PAPERS</b>       | <b>See Attached List (Checkbox)</b> | Check the box (if applicable): Indicates a schedule of valuable papers is attached.  |

| <b>Section Name</b>           | <b>Field Name</b>                                 | <b>Field and/or Section Description</b>  |
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| <b>REMARKS</b>                | <b>Remarks</b>                                    | Enter text: The general remarks associated with the commercial inland marine line of business. Use this section to provide any additional information required for underwriting or rating. |
| <b>IDENTIFICATION SECTION</b> | <b>Agency Customer ID</b>                         | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).  |
| <b>SIGNATURE</b>              | <b>Producer's Signature</b>                       | Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.   |
| <b>SIGNATURE</b>              | <b>Producer's Name (Please Print)</b>             | Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.  |
| <b>SIGNATURE</b>              | <b>State Producer License No (Required in FL)</b> | Enter identifier: The State License Number of the producer.  |
| <b>SIGNATURE</b>              | <b>Applicant's Signature</b>                      | Sign here: Accommodates the signature of the applicant or named insured.   |
| <b>SIGNATURE</b>              | <b>Date</b>                                       | Enter date: The date the form was signed by the named insured.   |
| <b>SIGNATURE</b>              | <b>National Producer Number</b>                   | Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.    |
| <b>Edition</b>                | <b>Date</b>                                       | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).  |