



AGENCY CUSTOMER ID: \_\_\_\_\_

**ACCOUNTS RECEIVABLE / VALUABLE PAPERS**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		

**POLICY INFORMATION****ACCOUNTS RECEIVABLE**

LIMITS:	CHECK ONE	REPORTING	NON-REPORTING
YOUR PREMISES (Including Branches)		NOT AT YOUR PREMISES	IN TRANSIT
ALL COVERED PROPERTY AT ALL LOCATIONS			

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

BUILDING CONSTRUCTION	SPRINKLERS	CLASSIFICATION OF BUSINESS			
	YES	RETAIL	%	MANUFACTURING	%
	NO	WHOLESALE	%	INSURANCE	%

**LOCATION OF RECORDS / PROTECTION**

ADDRESS OR LOCATION (ACORD 125)				SECTION OF BUILDING			FIRE CONTENTS RATE							
							%							
SAFE / VAULT / RECEPTACLE MANUFACTURER			LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS		THICKNESS					
			UL		ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL. BOLTWORK)	WALL			
			SMNA											
CONSTRUCTION				LOCATION OF DUPLICATE RECORDS										
DUPLICATE RECORDS KEPT		% OF RECORDS DUPLICATED	PERIOD RECORDS KEPT											
<input type="checkbox"/> YES	<input type="checkbox"/> NO													
ALARM TYPE		ALARM DESCRIPTION		GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY:			#GUARDS	WATCHPERSONS:		
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> PREMISES	<input type="checkbox"/> SAFE	<input type="checkbox"/> LOCAL GONG <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> POLICE CONNECT <input type="checkbox"/> WITH KEYS		<input type="checkbox"/>	<input type="checkbox"/> SAFE/VAULT <input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/>	<input type="checkbox"/> RPT/CENT. ST <input type="checkbox"/> CLOCK HRLY <input type="checkbox"/> DON'T SIGNAL	
CERTIFICATE NUMBER				ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc.)						
EXPIRATION DATE:														

**HISTORY OF RECEIVABLES**

ENTER THE AMOUNT OF RECEIVABLES OUTSTANDING AS OF THE LAST FISCAL DAY OF EACH OF THE MONTHS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION.

MO./YR.	ACCOUNTS RECEIVABLE	MO./YR.	ACCOUNTS RECEIVABLE	MO./YR.	ACCOUNTS RECEIVABLE	MO./YR.	ACCOUNTS RECEIVABLE
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$

STATE PERCENTAGE OF TOTAL MONTHLY ACCOUNTS RECEIVABLE CURRENTLY REPRESENTED BY DEFERRED PAYMENT ACCOUNTS.

UNCOLLECTABLE ACCOUNTS (Past Three Years)

YEAR:	YEAR:	YEAR:
\$	\$	\$

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES.	YES	NO	2.	ARE BILLED AND UNBILLED RECORDS KEPT SEPARATE?	YES	NO
1 IS "CYCLE BILLING" ACCOUNTING SYSTEM USED?			3.	HAS THERE BEEN FLOODING AT ANY LOCATION?	YES	NO

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VALUABLE PAPERS on Page 2

**POLICY INFORMATION**

**VALUABLE PAPERS**

<b>LIMITS</b>							
YOUR PREMISES	AWAY FROM YOUR PREMISES		BLANKET AMOUNT \$	OCCURRENCE DEDUCTIBLE	CAN PAPERS BE REPLACED?		
			SPECIFIED AMOUNT		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

<b>LOCATION</b>	<b>PREMISES #</b> _____	<b>BUILDING #</b> _____
<b>BUILDING CONSTRUCTION</b>		<b>SPRINKLERS</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>LOCATION OF RECORDS / PROTECTION</b>			
ADDRESS OR LOCATION (ACORD 125)	SECTION OF BUILDING	FIRE CONTENTS RATE %	
RECEPTACLES IN WHICH PROPERTY IS KEPT AT ALL TIMES WHEN PREMISES NOT OPEN FOR BUSINESS			

<b>SAFE / VAULT / RECEPTACLE MANUFACTURER</b>	<b>LABEL</b>	<b>CLASS</b>	<b>DOOR TYPE</b>		<b>COMBINATION LOCKS</b>			<b>THICKNESS</b>	
	UL SMNA		ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL. BOLTWORK)	WALL

<b>CONSTRUCTION</b>													
<b>ALARM TYPE</b>	<b>ALARM DESCRIPTION</b>	<b>GRADE</b>	<b>EXTENT OF PROTECTION</b>			<b>ALARM INSTALLED AND SERVICED BY:</b>					<b>#GUARDS</b>	<b>WATCHPERSONS:</b>	
HOLD-UP	LOCAL GONG		<b>SAFE/VAULT</b>		<b>PREMISES</b>							<input type="checkbox"/> RPT/CENT. ST	<input type="checkbox"/> CLOCK HRLY
PREMISES	CENTRAL STATION		PARTIAL	1	2	3							
SAFE	POLICE CONNECT	COMPLETE											
	WITH KEYS	<b>ACCESSIBLE OPENINGS &amp; PROTECTION</b>					<b>OTHER PROTECTION (Fences, Floodlights, etc.)</b>						
<b>CERTIFICATE NUMBER</b>													
<b>EXPIRATION DATE:</b>													

<b>PAPERS</b>			<input type="checkbox"/> SEE ATTACHED LIST	<b>SPECIFIED AMOUNT</b>
#	DESCRIPTION OF PAPERS			
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER