

ADDITIONAL PREMISES INFORMATION

AGENCY CUSTOMER ID: _____

PREMISES #: _____		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #: _____											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____		_____ DAYS MO PERIOD _____ LIMIT MAX PERIOD		_____ \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS CIVIL AUTH _____ DAYS		<input type="checkbox"/> POWER <input type="checkbox"/> WATER _____ COMM (DESCR BELOW) TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM _____ COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
EXTRA EXPENSE		LIMIT LOSS PAY									
_____ DAYS PERIOD REST		_____ % _____ % _____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.