



Contents Only Product

CONTENTS ONLY PRODUCT APPLICATION - PROPERTY DEPARTMENT

Please complete all sections of this application and have signed by the applicant.

1. Name of Applicant: _____ D/B/A: _____
 Sole Proprietorship Partnership Corporation Other _____
2. Mailing Address: _____ Email Address: _____
3. Location Address: _____
4. Inspection Contact Name: _____ Phone Number: _____
5. Business of Applicant: _____ Effective Date _____
 Number of Years in this Business: _____ Number of Years Overall Experience: _____
 Age of Building: _____ Number of stories: _____ Protection class: _____
6. Building Improvements: Wiring, yr _____ Plumbing, yr _____
 Roofing, yr _____ Heating, yr _____
 Other, yr _____
7. Building Construction: Frame or Brick Veneer Modified Fire Resistive or Fire Resistive
 Joisted Masonry, Non-Combustible or Metal Masonry Non-Combustible
8. Any manufacturing, processing or commercial cooking in the building? Yes No
 If Yes, describe other occupancies in building. _____
9. Is electric system connected to circuit breakers? Yes No If No, decline
10. Any property situated below ground level? Yes No
 If Yes, describe _____
11. Describe Protection Devices:
 100% Sprinklered Partially Sprinklered Central Station Fire Alarm
 Central Station Burglar Alarm Local Burglar or Fire Alarm Functioning Battery Operated Smoke Detectors
 Central Station Water Flow Alarm Surge Protectors Functioning Hard Wired Smoke Detectors
12. Description of Contents:
 Office Furniture & Equipment Computers Stock Other - Describe _____
13. Description of Improvements & Betterments: _____
14. Any losses in past three years? Yes No
 If yes, give complete description of all losses:

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 Previous Carrier _____ Premium \$ _____
15. Was this coverage canceled or non-renewed in the past? Yes No
 Details _____
16. Coverage Information:
 Causes of Loss: Basic Form Special Form Special Form Excluding Theft
 Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other \$ _____

Limits of Insurance:

Contents: \$ _____ Property of Others \$ _____ Sign \$ _____

Improvements & Betterments \$ Business Income with Extra Expense \$ _____

Business Income without Extra Expense \$ Extra Expense Only \$ _____

Coinsurance for Business Income Coverage _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause and/or authorization or agreement to bind the insurance is replaced with authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: 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 or a denial of insurance benefits.

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

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The state of New York requires that we have the name and address of your (insureds) Authorized Agent or Broker:

Agent: HECTOR DE ARMAS Address: PO BOX 770158 MIAMI, FL. 33177

Special Agent or Broker to: USA INSURANCENET CORP

Insureds Signature: X