

Complete this application if you want coverage for your office building or contents.
 If you have multiple offices, please complete a separate application for each location.

Fireman's Fund Insurance Companies, 7877 San Marin Drive, Novato, CA 94998

A. General Information

1. **NAME OF INSURED** _____
2. **LOCATION ADDRESS:** _____
STREET
- _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE
- 3a. **PHONE** (____) _____ **b. FAX** (____) _____
4. **REQUESTED EFFECTIVE DATE** ____/____/____
5. **URL:** _____

B. Building Information

You must complete this section even if you only need coverage on your contents.

1. **Building:**
- a. Total Building Area _____ Sq. Ft. **b. Year Built** _____
- c. If the building is more than 25 years old, please indicate if the following have been updated and the year:
 Roof _____ Plumbing _____
 Heating _____ Electrical _____
- d. Construction Type:
 Joisted Masonry Masonry Non-Combustible
 Frame Non-Combustible
 Fire-Resistive Modified Fire-Resistive
- e. Area Occupied by Insured: _____ Sq. Ft.
- f. How Long at this Location? _____ Years _____ Months
- g. Building Occupancy: Single Multiple
- h. Building 75% Sprinklered: Yes No
2. **Coverage Basis:**
- a. Own Lease
 If you lease, are you required to insure the building? Yes No
 Amount of insurance requested \$ _____
- b. Guaranteed Replacement Cost (\$250 option) or
- c. Replacement Cost

C. Property Coverage

1. **Operatory and Office Equipment & Contents:**
- a. Number of Operatories _____
- b. Number of Bays _____
- c. Amount of Insurance Requested \$ _____
2. **Property Deductible:**
- a. \$250 \$500 \$1,000 \$2,500 \$5,000
- b. Is there someone with an additional financial interest in the contents of your practice? (For example, an equipment lessee.) If more than one, please provide name(s) and address(es) on a sheet of your letterhead.
- NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
3. **Standard Property Coverages**
 Note: Standard coverage levels are included. Indicate higher coverage levels if required.
- a. **Employee Dishonesty**
 (\$25,000 included, reimburses up to \$500,000 maximum)
 Limit \$ _____
- b. **Business Income Protection**
 Daily income limit (\$300 per day for 30 days is included)
 Daily Limit \$ _____ # of Days _____
 (\$100 increments \$300 - \$9,500) (30 day increments 30 - 180 days)
- c. **Personal Property Off Premises**
 (\$25,000 included - \$250,000 max per location)
 Limit \$ _____
- d. **Accounts Receivable**
 (\$35,000 sublimit is included in your "Contents" limit per location)
 Limit \$ _____
- e. **Valuable Papers** (Operatory Records, Charts, X-Rays)
 (\$35,000 sublimit is included in your "Contents" limit per location)
 Limit \$ _____
- f. **Computer Equipment & Software**
 (\$15,000 included - \$250,000 max per location)
 Limit \$ _____
4. **Optional Coverage**
- a. **Employee Benefits Welfare Pension Plan (ERISA Bond)**
 Note: \$250,000 coverage is included. If you require a bond in excess of \$250,000, please contact your agent.
- PLAN NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

C. Property Protection Information

1. Smoke detectors installed? Yes No
2. Smoke detectors hardwired? Yes No
3. Burglar Alarm? Yes No
 Type: Local Silent Central Station
4. Fire Alarm? Yes No
 Type: Local Silent Central Station
5. Number of Fire Extinguisher(s) _____
6. Security Service? Yes No
7. Surge Protector for Computer Equipment? Yes No
8. Dead Bolt Locks on doors? Yes No
9. Barred Windows? Yes No

D. Office Location

1. Describe commercial occupancies adjacent to the Insured's occupancy:

LEFT	ABOVE
RIGHT	BELOW

2. List other occupants in building: _____

E. Prior Property Carrier Information — 3 Years Minimum

Policy Term: (From/To)	Carrier	Policy #

F. Property Loss Information

List all prior claims reported to carrier within 3 years

1. No prior losses in 3 years
2. Complete claims history below:

Loss Date	Description of Loss	\$ Amount Paid	\$ Amount Reserve	Open	Closed

3. To the best of your knowledge, are there any incurred but not reported losses? Yes No

X

APPLICANT'S SIGNATURE

DATE

FRAUD WARNING NOTICE

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. In New York, such person 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.

Application is made to one of the Fireman's Fund Insurance Companies. This program is only available within the United States, Virgin Islands, and Puerto Rico. Coverages, rates and limits differ in some states. Availability of this program is subject to each state's approval.

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