KULIN-SOHN
INSURANCE AGENCY, INC.

P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: 800-640-6601 Fax: 847-991-4351
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Property, Inland Marine, and Crime Application

(A separate application is required for each location)

Section I – General Information

Name, as it should appear on the policy: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Fax: (_____)_____ Web site:_____

Location address (if different from above):_____

City:_____ State:_____ Zip:_____

Please indicate deductible for all coverages: ☐ $500 ☐ $1,000

Section II – Property - For Insureds Who Do Not Own the Building

Tenants Improvements & Betterments: $_____ Coinsurance: $_____%

Personal Property Value: $_____ Business Income Limit: $_____

Year built:_____ Square Footage:_____ # of Stories: _____ # of Buildings:_____

Construction of building: ☐ Frame ☐ Brick ☐ Metal ☐ Concrete with Steel Frame

Year of building improvements: Wiring: _____ Roofing: _____

Plumbing: _____ Heating: _____

Type of Alarm, if any: _____

Distance to nearest fire station in miles:_____ Distance to fire hydrant in feet:_____ Is building sprinklered?_____

☐ Mortgagee ☐ Loss Payee: _____

Is your facility part of a shopping center or mall? ☐ Yes ☐ No

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Section III – Inland Marine
Computer Hardware & Software:

Limits for: Hardware: $_____ Software: $_____ Laptop: $_____

Transit: $_____ Extra Expense $_____ Co-Insurance: _____%

1. Are power surge protectors connected in all hardware? ☐ Yes ☐ No

2. Is anti-viral software installed and updated regularly? ☐ Yes ☐ No

3. Do you have a service maintenance agreement? ☐ Yes ☐ No

4. Do you have an arrangement for the use of other equipment in the event of a total loss? ☐ Yes ☐ No

5. Do you keep duplicates of all software at a separate location? ☐ Yes ☐ No

6. How often is data backed up? _____

Miscellaneous Equipment:

Total Limit: $_____

1. Is any equipment rented to and from other? ☐ Yes ☐ No

    If so, what type? _____

2. Loss Payee: _____

Please attach a list of equipment with limit for each.

Section IV – Crime

Employee dishonesty limit: $_____
Money & securities on premises limit: $_____
Money & securities off premises limit: $_____

1. Audit frequency? ☐ Annual   ☐ Semi-Annual   ☐ Quarterly   ☐ Other: _____

2. Are bank accounts reconciled by someone not authorized to deposit or withdrawal?   ☐ Yes ☐ No

3. Is countersignature of checks required? ☐ Yes   ☐ No

4. Will securities be subject to joint control of two or more responsible employees?   ☐ Yes ☐ No

5. Are all officers and employees required to take annual vacations of at least five consecutive business days?   ☐ Yes ☐ No

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Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insured to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

    PLEASE NOTE:

    §   <u>Please include Claims Experience ("loss runs") from your current insurer with your application.</u>