

INDIANA BASIC PROPERTY INSURANCE UNDERWRITING ASSOCIATION

REMIT PREMIUM DEPOSIT TO:

PO BOX 6457 – Dept. #283, Indianapolis, IN. 46206

Phone: (317) 264-2310 or (800)888-8627 Web Address: www.indianafairplan.com

COMMERCIAL APPLICATION FOR CRIME COVERAGE

This application does not constitute a binder of insurance and producers do not have binding authority.

Application will be returned if not fully completed and all questions answered.

1. Full name of applicant _____ Phone number: _____

2. Check one () Owner Occupant () Tenant () Owner

3. Mailing address of applicant _____

4. Address of property _____

5. Describe type of building and portion occupied by applicant: _____

(Use description from tax return plus additional information needed for clarification.)

6. Enter the number of messengers (in excess of two) who will regularly have custody of the insured property outside the premises at any one time: _____

7. Enter gross receipts for preceding taxable year: _____

8. Type and amount of coverage desired (\$15,000.00 maximum):

Form letter	Form Title		Limit	Deductible	Form Letter	Form Title	Limit	Deductible
A	Employee Dishonesty	Blanket Schedule			F	Computer Fraud		
B	Forgery Alteration				G	Extortion (Ins. Loss Participation _____%)		
C	Theft, Disappearance & Destruction Sec. 1-Inside the premises Sec. 2-Outside the premises				H	Premises Theft & Robbery Outside Sec. 1-Theft Sec.2-Robbery Outside		
	Blanket	Schedule				Blanket		
D	Robbery & Safe Burglary Sec. 1-Inside Robbery of Custod'ns & Safe Burglary Sec. 2-Outside the premises				I	Securities Deposited with Others		
	Blanket	Schedule						
E	Premises Burglary	Blanket Schedule			Q	Robbery & Safe Burglary		

9. (a) Have you ever previously had crime coverage? () YES () NO
If yes, give carrier of crime policy and month and year which coverage was last in force: _____

(b) State reason coverage was terminated: _____

(c) If cancelled, state whether cancelled by Insurer or by you: () Insurer () Self

10. If answer to Question #9 (a) is yes, did you ever have a claim under your previous policy?
() YES () NO Was it paid? () YES () NO

ELIGIBILITY REQUIREMENTS AND UNUSUAL POLICY PROVISIONS

To be eligible for insurance under this crime insurance program, the insured premises MUST meet the underwriting requirements for protective devices established by the Indiana Fair Plan for that type of property. (A list of these requirements is made part of this Application.)

MINIMUM PROTECTION STANDARDS FOR INDUSTRIAL AND COMMERCIAL PROPERTIES

1. Are all exterior doors equipped with heavy duty, double cylinder, dead bolt locks, whose bolts extend at least 1" into the frame of the door and which require the use of a key on the inside as well as the outside of the door? () Yes () No
2. Are all exterior grate or grill-type doors secured by one or more padlocks with heavy duty, case hardened steel shackles, having a minimum 5-pin tumbler operation and an unremovable key when in an unlocked position? () Yes () No
3. Are all exterior doors of heavy gauge metal, tempered glass, or solid wood core construction, not less than 1 3/8" thick, or else covered with metal sheeting of at least 16 gauge (1/16" thick) or its equivalent, or with grillwork, to give like protection? () Yes () No
4. Are outside hinge pins welded, flanged, or screw-secured, non-removable pins? () Yes () No
5. Do accessible openings exceed 96 square inches in area, and 6" in the smallest dimension, either meet standards for doors, or be protected by inside or outside iron bars 1/2" in diameter or by flat steel material, spaced not more than 5" apart and securely fastened, or by iron or steel grills of 1/8" material of 2" mesh, securely fastened? () Yes () No
6. Please check type of occupancy:

(a)	<input type="checkbox"/> Jewelry-Manufacturing(wholesale and retail)	<input type="checkbox"/>	<input type="checkbox"/> Wholesale liquor
	<input type="checkbox"/> Wholesale tobacco	<input type="checkbox"/>	<input type="checkbox"/> Wholesale drug
	<input type="checkbox"/> Gun and ammunition shop	<input type="checkbox"/>	<input type="checkbox"/> Fur Store

If checked above, is the establishment protected by a central station, supervised service alarm system?
 Yes No

(b)	<input type="checkbox"/> Liquor store	<input type="checkbox"/>	<input type="checkbox"/> Coin and stamp shop
	<input type="checkbox"/> Pawn shop	<input type="checkbox"/>	<input type="checkbox"/> Industrial tool supply house
	<input type="checkbox"/> Electronic equipment store (including television, radio and stereo equipment)	<input type="checkbox"/>	<input type="checkbox"/> Camera Store
	<input type="checkbox"/> Clothing (new) store	<input type="checkbox"/>	<input type="checkbox"/> Precious metals storage facility
		<input type="checkbox"/>	<input type="checkbox"/> Wig Shop

If checked above, is the establishment protected by a silent alarm system? () Yes () No

(c)	<input type="checkbox"/> Antique store	<input type="checkbox"/>	<input type="checkbox"/> Art Gallery	<input type="checkbox"/>	<input type="checkbox"/> Service station
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If checked above, is the establishment protected by a local alarm system (bell outside premises?)
 Yes No

Failure to disclose required information may prejudice your application. All answer are warranties, therefore, make certain that each question is answered correctly before you sign this application form. I agree to make the insured premises available for inspection in connection with this Policy at any reasonable time; and I understand that if at any time the insured premises are found not to be protected in the manner required, this Policy will be considered void from its inception, and only the portion of the premium not absorbed by administrative expenses in connection with the inspection and the issuance of such Policy will be refunded.

This completed application will be attached to and become part of the policy issued.

Signature of Applicant: _____ Date: _____

Signature of Producer: _____ Phone# _____

Address of Producer of Record: _____