

INSTRUCTIONS FOR COMPLETING APPLICATION FOR  
COMMERCIAL CRIME INSURANCE

***(Also includes important information and changes)***

**Agent name, license number and signature are required. Insured signature is required** (see page 4).

**Coverage should be placed in voluntary market if eligible.**

**All lines of information and signatures on application must be completed to process application.**

In order to be eligible for crime coverage through the Georgia Underwriting Association, the following minimum protective device requirements must be met.

The coverages to which these standards apply are indicated by symbols: Commercial Robbery (MR), Commercial Burglary (MB).

- All final exit doors must be secured by double cylinder dead locks when the premises are closed for business. Stores with exterior doorways opening upon a fully enclosed mall or arcade shall be secured by either folding or rolling steel grills, permanently installed with rigid tracks and locked with heavy duty padlocks. (MB)
- The inside of all wood or wood panel exterior doors must be covered with sheet iron of a minimum thickness of 1/16 inch, bolted on all sides with at least 1/4 carriage bolts, not more than 10 inches apart. Risks with rolling overhead doors shall be secured by a sliding bar passed through the track and locked with heavy duty padlock to prevent doors from being raised. (MB)
- Accessible glass panel openings (which exceed 96 square inches and 6 inches in the smallest dimension) or doors, including skylights and transoms, must be protected on the inside by either flat iron, iron burglary bars, substantial iron or steel grill work, expanded metal burglary screens or wood shutters lined with sheet iron with a minimum thickness of 1/16 inch unless: properly installed approved burglary resistant safety glass protects such openings, or the premises are protected by an approved certified alarm system. (MB)
- Outside hinge pins must be welded, flanged or screw-secured non-removable pins. (MB)
- Outside show windows and show cases shall be protected by either folding or rolling steel grills or doors, or wood panels, when the premises are not open for business unless such show windows and show cases are constructed of approved burglary resistant safety glass or other material affording equal protection. (MB)

Additional burglary protection alarm system requirements and safe standards, as indicated in the Georgia Underwriting Association information bulletin must be met.

**APPLICATION FOR COMMERCIAL CRIME INSURANCE**  
**This Application is Not a Binder of Insurance**

**GEORGIA UNDERWRITING ASSOCIATION**  
**3355 Annandale Lane, Suite 3, Suwanee, GA 30024-3186**  
**770-923-7431 Fax 770-717-8620 www.GeorgiaUnderwriting.com**

<b>AGENT INFORMATION</b>	
Agency Name _____ Address _____ City, St. Zip _____ Phone _____ Fax _____ Email _____	If this application is not signed by the insured the agent, it will not be processed. See page 4 for signatures.  I also understand that if photos and necessary documents aren't provided, this application will not be processed.

1. NAME OF APPLICANT FOR INSURANCE \_\_\_\_\_ Tel. No. \_\_\_\_\_
2. APPLICANT'S MAIL ADDRESS \_\_\_\_\_
3. LOCATION OF PROPERTY \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 INSIDE CITY LIMITS: YES  NO  WITHIN 1,000 FEET OF STANDARD FIRE HYDRANT: YES  NO   
 NAME OF AND DISTANCE TO NEAREST FIRE STATION \_\_\_\_\_
4. Describe type of building \_\_\_\_\_ is there a basement (occupied by the insured)?  NO  YES  
 What portion of the premises do you want to insure-All, Floor Number and/or Room Number? BE SPECIFIC TO ENSURE PROPER COVERAGE \_\_\_\_\_
5. Describe class and type of business (i.e., grocery store or drug store, etc.) Use description of business used on tax return, plus any additional information needed to clarify or expand this description: \_\_\_\_\_
6. If application is for burglary or robbery coverage (Option 1, 2, or 3), the following information must be provided:
  - A. Certain businesses require an alarm system, safe and/or protection service. For verification purposes and to determine eligibility for premium discounts, an alarm/safe/protection service contract is required prior to policy issuance. Please indicate the type of alarm/safe/protection service in place. Alarm certificate number should be included:  
 Central Station UL Approved UL Certificate No. \_\_\_\_\_ Class \_\_\_\_\_  
 Central Station WITH  WITHOUT  line security WITH Guard Response  
 Central Station WITH  WITHOUT  line security WITHOUT Guard Response  
 Silent Alarm professionally-installed/with Maintenance  No Alarm system installed  
 Local Alarm professionally-installed/with Maintenance  Messenger or Armored Service Utilized  
 Hold-up Alarm
  - B. Does the premises contain a safe with a rating of Class E or better?  NO  YES
  - C. Is safe or vault protected by a central station or silent supervised alarm system?  NO  YES
  - D. Brand name of alarm system: \_\_\_\_\_
7. Annual Gross Receipts - \_\_\_\_\_
  - Existing Business - Use annual gross receipts for preceding year as shown on the most recent tax return.
  - New business with no previous tax return - Estimate annual gross receipts.
  - Public or non-profit organization - Use operating budget.
 NOTE: Since gross receipts of a business is a factor in determining the premium for a commercial policy, any misrepresentation in the application or renewal of coverage will result in the denial of a loss and cancellation of coverage.
8. Amount of Coverage Requested - Available in increments of \$1,000 up to a maximum of \$15,000. Insert the amount under the option applied for.
 

<input type="checkbox"/> Burglary Only .....	\$	
<input type="checkbox"/> Robbery Only .....	\$	
<input type="checkbox"/> A combination of Burglary and Robbery in uniform or varying amounts .....	\$	
		Burglary                      Robbery
9. Prior Burglary or Robbery losses (all) of applicant at this or other locations.  NO  YES  
 If yes, attach list with date(s), type(s), amount(s).

**IMPORTANT POLICY PROVISIONS**

1. Coverage is subject to a standard deductible which is based upon gross receipts as shown below or 5% of the gross amount of any loss, whichever is greater.

*GROSS RECEIPTS	DEDUCTIBLE
Less than \$299,999.....	\$250
\$300,000 - \$499,999.....	\$350
\$500,000.....	\$500

The deductible for non-profit or public property risks is \$250 or 5% of the gross amount of any loss, whichever is greater.

2. All losses of property above the deductible under this Policy must be reported to the Law Enforcement Authorities (whether or not a claim is filed). Willful and repeated failure to report losses to such authorities may be grounds for cancellation by the Insurer.
3. Losses should be reported promptly to the Georgia Underwriting Association (770) 923-7431.
4. Any material false statement in the Application voids the Policy. Intentionally false or misleading statements may result in criminal prosecution.
5. This policy cannot be transferred or assigned. Coverage ceases at the time of a move to a new premises or at the time of any change in ownership.

**CERTIFICATION OF APPLICANT FOR INSURANCE**

**This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, the Georgia Underwriting Association, the Insurance Services Office, nor any company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection of action report(s) to the Georgia Insurance Department, the Georgia Underwriting Association, Insurance Services Office, insurers and my (our) agent(s) or representative(s).**

**I (we) understand that if coverage is accepted by the Georgia Underwriting Association, the policy will become effective at 12:01 A.M. the day after the Georgia Underwriting Association has received payment of the premium. I (we) further understand that any Agent or Broker that has assisted me (us) in procuring this insurance is not an Agent of the Georgia Underwriting Association, and all actions taken by such Agent or Broker, including the submitting of this application, collecting of premiums, and delivering of policies, are taken solely on my (our) behalf.**

**By signing this application I (we) certify that I (we) have an insurable interest in the property and that all statements contained herein are, to the best of my (our) knowledge, true. I (we) certify that I (we) have made a reasonable effort to obtain insurance and have been unable to obtain it elsewhere. Any willful concealment of misrepresentation of a material fact or circumstance hereon may void any policy issued.**

**FAIR CREDIT REPORTING ACT**

**In accordance with the Federal Fair Credit Reporting Act (Public Law 91-508), this notice is to inform you that as part of our procedure for processing your Application for Insurance, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.**

**NOTICE OF INFORMATION PRACTICES**

In applying for insurance with the Georgia Underwriting Association you entrusted us with personal information about yourself. We may seek further information about you, and any person requesting insurance on the application, from other sources.

You have the right to know what kind of information we maintain on our files about you and may have access to that information. You have the right to receive a copy of all personal information we keep on you and if necessary the right to request the correction, amendment or deletion of incorrect information. No information will be disclosed about you without your consent unless the disclosure is necessary for us to conduct our business. Upon receipt of your request, we will furnish you with a more detailed notice of our information practices.

**FOR POLICY ISSUANCE, REMIT THE FOLLOWING:**

For New business written on or after 9/1/2013, a Policy/Inspection Fee of \$50.00 applies. This fee is due with your first payment. Quote, completed Application (including signature of Agent and Applicant), payment, color photos of front and back of risk, Appraisal (if coverage exceeds \$150,000), copy of MSB Valuation Report (if available), copy of previous insurance policy and copy of cancellation or non-renewal notice. A \$25 fee will be imposed on checks returned for Non-Sufficient Funds.

Check should be made payable to **GEORGIA UNDERWRITING ASSOCIATION**

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ **GROSS PREMIUM REQUIRED**

Pay Plan Option  1  2 or  4

Applicant: Before signing below see "Certification of Applicant for Insurance", "Fair Credit Reporting Act" on page 3 and "Notification of Information Practices" on page 4.

Now accepting electronic signature with last four digits of the social security number.

Certification Acceptance Signature of Applicant \_\_\_\_\_ Last 4 of Social \_\_\_ \_ \_ \_

Title if applicant is corporation or firm \_\_\_\_\_

Title if applicant is in the name of Estate: Executor, Administrator, or Power of Attorney and attach proper court documentation,

Letter of Testamentary, POA etc. \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify that I am a licensed Agent of Georgia. Agent License # \_\_\_\_\_ Expiring \_\_\_\_\_  
Agency License # \_\_\_\_\_ Expiring \_\_\_\_\_ In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

Now accepting electronic signature

Agent of Record Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_