



OnePac Basic Application

(Standard coverages are highlighted in bold italics. Use the "Notes" section to clarify answers and for any additional information that may be necessary.)

Agency Information

Agency Code:	Agency Name and Address:
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Applicant Information

Policy Period:	Telephone Number:		
Name:	E-Mail Address:		
PO Box:	Street:	Internet Web Page Address (URL):	
City:	State:	Zip Code:	Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Condo Association <input type="checkbox"/> Other:
FEIN or SS No.:	Billing Information: <input type="checkbox"/> Direct Bill or <input type="checkbox"/> Direct Bill / EFT	Deposit Premium: \$	
Number of years applicant has owned and operated this business?	Installments payable: <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly	Number of years of management experience in this or a similar business?	
Accounting Contact and Phone Number:	Risk Control Contact and Phone Number:		
<input type="checkbox"/> Additional Named Insured:			

Prior Insurance History and Losses

Current Carrier:	Policy Number:	Expiration Date:	Current Premium:
List all losses for the past 3 years, whether insured or not, for the coverages requested in this application. <input type="checkbox"/> Check here if there have been no losses.			
Date of Loss	Description of Loss	Amount of Loss	Corrective Action Taken

General Coverage Information

General Liability Limits: <input type="checkbox"/> \$1,000,000 Occurrence/\$2,000,000 Aggregate (standard); <input type="checkbox"/> \$300,000/\$600,000; <input type="checkbox"/> \$500,000/\$1,000,000; <input type="checkbox"/> \$2,000,000/\$4,000,000
Property Damage Liability Deductible: None (standard) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 to be applied on a <input type="checkbox"/> per claim basis <input type="checkbox"/> per occurrence basis
Is the Commercial Package Policy Extender Endorsement to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No

Location Information (attach a Supplemental Application for each additional building)

Location No. 001	Building No. 001	Primary Program:	Primary Class:	Description of Operations:
Street:		Cause of Loss Form: <input type="checkbox"/> Basic <input type="checkbox"/> Special		
City:		Property Deductible: <input type="checkbox"/> \$500 (standard) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		
County:		Valuation Provision: <input type="checkbox"/> Replacement Cost (standard) <input type="checkbox"/> Actual Cash Value - 80% Coinsurance <input type="checkbox"/> Replacement Cost - 80% Coinsurance		
Type of Construction (ISO RCP Code): <input type="checkbox"/> Frame (1) <input type="checkbox"/> Joisted Masonry (2) <input type="checkbox"/> Non-Combustible (3 & 4) <input type="checkbox"/> Fire Resistive (5 & 6)		Protection Class:		
Year Built:	If the building is over 20 years old, indicate the year each major building system was upgraded:	Electrical:	Plumbing:	Heating/AC:
Burglar Alarm System: <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Police Station Connected <input type="checkbox"/> None If alarm has a UL Certificate, give expiration date:		Roofing		
Burglar Alarm Description and Certificate Number:		Fire Alarm System: <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None If alarm has a UL Certificate, give expiration date:		
Percentage of Building Sprinklered: <input type="checkbox"/> 0% <input type="checkbox"/> 1%-79% <input type="checkbox"/> 80% plus		Is sprinkler leakage to be excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is applicant the sole building occupant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is applicant a member of a franchise group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is business in an enclosed shopping mall? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Franchise:		
Is business closed more than 60 consecutive days each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is vandalism to be excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is equipment breakdown to be excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Windstorm or Hail is: <input type="checkbox"/> to be excluded. <input type="checkbox"/> subject to the following special		
Is the business being operated out of an owned condominium unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%		
Building Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor		Does the building have Central Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Quality of Construction: <input type="checkbox"/> Average (standard) <input type="checkbox"/> Economy <input type="checkbox"/> Superior		Total Area:	Grade Floor Area:	Basement Area:
Number of Floors (excluding basement):	Number of Elevators:	Parking Lot Area:		
Basement of Building is: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> No Basement				

Construction of Basement is: Joisted Masonry; Non- Combustible; Fire Resistive

Description of Premises:

If there are Loss Payees or Mortgagees, please refer to the "Additional Interests" section of the application

Property Coverages by Building (attach a Supplemental Application for each additional building)

<input type="checkbox"/> Building Coverage Limit: \$ _____ <input type="checkbox"/> Accounts Receivable Coverage -- \$10,000 (standard); \$25,000 (with Extender) -- Additional Limit: \$ _____ <input type="checkbox"/> Earthquake & Volcanic Eruption -- Sublimit Option Aggregate Limit: \$ _____ Is the Aggregate Limit to be doubled? <input type="checkbox"/> Yes <input type="checkbox"/> No Ordinance or Law Coverage -- <input type="checkbox"/> A -- Loss of Value Limit: \$ _____ <input type="checkbox"/> B -- Demolition Limit: \$ _____ <input type="checkbox"/> C -- Increased Costs of Construction -- \$10,000 (standard); \$25,000 (with Extender) -- Additional Limit: \$ _____ <input type="checkbox"/> B & C Combined Limit: \$ _____ <input type="checkbox"/> Valuable Papers Coverage -- \$10,000 (standard); \$25,000 (with Extender) -- Additional Limit: \$ _____ <input type="checkbox"/> Commercial Articles -- Fine Arts -- \$10,000 (with Extender) (If scheduled, attach list of items) Additional Limit: \$ _____ Is "Theft" to be excluded (applies only to Personal Property)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal Property Coverage Limit: \$ _____ <input type="checkbox"/> Business Income With Extra Expense -- <input type="checkbox"/> ALS (standard--except Manufacturers) Receipts: \$ _____ <input type="checkbox"/> Stated Limit \$ _____ Coinsurance Percentage: <input type="checkbox"/> 100%; <input type="checkbox"/> 80%; <input type="checkbox"/> 50%; <input type="checkbox"/> None Deductible Amount: <input type="checkbox"/> 72 hours (standard); <input type="checkbox"/> 24 hours; <input type="checkbox"/> None <input type="checkbox"/> Exterior Building Glass (Tenants Only) -- Grade Floor Width in Linear Feet: _____ feet <input type="checkbox"/> Electronic Data Processing Equipment -- Limits: \$ _____ Include Replacement Cost plus 15%? <input type="checkbox"/> Yes <input type="checkbox"/> No Deductibles: <input type="checkbox"/> \$500 (standard) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Spoilage Coverage -- Limit: \$ _____ Is there a maintenance agreement in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Utilities Services Interruption -- Direct Damage Limit: \$ _____ <input type="checkbox"/> Water <input type="checkbox"/> Power not including overhead lines <input type="checkbox"/> Communications not including overhead lines <input type="checkbox"/> Utilities Services Interruption -- Time Element Limit: \$ _____ <input type="checkbox"/> Water <input type="checkbox"/> Power not including overhead lines <input type="checkbox"/> Communications not including overhead lines
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General Liability Coverages by Building (attach a Supplemental Application for each additional building)

Class Code and Description*	Rate Base	Exposure	Class Code and Description*	Rate Base	Exposure

For Additional Insureds, use the "Additional Interests" section *Include all operations and incidental exposures

Optional Policy Level Property Coverages

<input type="checkbox"/> Back-Up of Sewers & Drains -- \$25,000 (with Extender): <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Forgery & Alteration (must have same limit as Employee Dishonesty) <input type="checkbox"/> Mold Coverage (Property) -- \$15,000 Policy Aggregate (standard) Increase Policy Aggregate Limit to: \$ _____ <input type="checkbox"/> Tools & Light Equipment -- Owned or Leased by Insured \$ _____ <input type="checkbox"/> Tools & Light Equipment -- Employees \$ _____ Deductible Amount: \$500 (standard) <input type="checkbox"/> Commercial Articles--Cameras* \$ _____ <input type="checkbox"/> Commercial Articles--Musical Instruments* \$ _____ <input type="checkbox"/> Commercial Articles--Silverware* \$ _____	<input type="checkbox"/> Blanket Property Insurance <input type="checkbox"/> Employee Dishonesty -- \$10,000 (standard) Number of Employees: _____ Increased Limits: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Outdoor Sign Coverage* Limit: \$ _____ Deductible Amount: <input type="checkbox"/> \$500 (standard); <input type="checkbox"/> \$1,000; <input type="checkbox"/> \$2,500; <input type="checkbox"/> \$5,000 <input type="checkbox"/> E Commerce Coverage -- Limit: \$ _____ <input type="checkbox"/> Money & Securities -- \$10,000 In/\$10,000 Out (standard) Increased limits: <input type="checkbox"/> \$15,000 In/\$15,000 Out <input type="checkbox"/> \$20,000 In/\$20,000 Out <input type="checkbox"/> \$25,000 In/\$25,000 Out <input type="checkbox"/> \$50,000 In/\$25,000 Out *If schedule coverage, list each item and applicable limits in the "Notes" section
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Optional Policy Level General Liability Coverages

<input type="checkbox"/> Damage to Premises Rented to You -- \$300,000 Occurrence Limit (standard) Increase Limit to: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Hired Auto <input type="checkbox"/> Non-Owned Auto Liability Number of Employees: _____ Are owned autos insured by OneBeacon or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Products Recall / Loss of Profits: <input type="checkbox"/> \$25,000/\$50,000; <input type="checkbox"/> \$50,000/\$100,000 Does applicant have a written product recall procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Welfare & Pension Plans (ERISA) -- Employee Dishonesty Limit Applies	<input type="checkbox"/> Employee Benefits Liability: <input type="checkbox"/> \$500,000; <input type="checkbox"/> \$1,000,000; <input type="checkbox"/> \$2,000,000 Number of Employees: _____ Retroactive Date: _____ <input type="checkbox"/> Hired Auto Physical Damage Coverage -- \$50,000 Limit (standard) Number of Employees: _____ Deductible Amount: \$500 (standard) <input type="checkbox"/> Mold Limited Coverage (GL) -- Limit: \$ _____ <input type="checkbox"/> Garagekeepers Coverage -- <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 Deductible Amount: \$500 (standard); <input type="checkbox"/> \$1,000
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Additional Interests (Types -- "M" = Mortgagee; "L" = Loss Payee; "A" = Additional Insured)

Type	Name and Address	Interest Description	Loan Number

NOTES:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR.) IN ME AND VA INSURANCE BENEFITS MAY ALSO BE DENIED.

AGENT'S SIGNATURE: _____ APPLICANT'S SIGNATURE: _____ DATE: _____
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