



Central Co-operative Insurance Co.

www.centralco-op.com

6 Southgate Road
Baldwinsville NY 13027
A.M. Best Rating A (Excellent)

Telephone (315) 635-7606
Fax (315) 635-1462

Agent Bulletin

October 27, 2020

In an effort to streamline the quoting and new application process for our Businessowner program, we are pleased to offer you our New Businessowner application. You may still use the Acord applications for your BOP submissions but now you have a new choice on what application you can use!

We will also be working on quote/applications for Craft Pak, SMP and Commercial Fire.

CCIC is always striving to improve our relationships with our agents and to make doing business an easy experience. If you have any questions or concerns on the above, reach out and we will be more than happy to help!

Best regards,

Danielle Falter
Associate Underwriter Commercial Lines



BUSINESSOWNER APPLICATION

Central Co-operative Insurance Company 6 Southgate Road Baldwinsville, NY 13027 (315) 635-7606 or (800) 621-9875 Fax (315) 635-1462	<input type="checkbox"/> NEW / BOUND _____ <input type="checkbox"/> QUOTE ONLY _____ <input type="checkbox"/> REPLACES _____
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AGENCY NAME CODE # _____	PAYMENT OPTIONS <input type="checkbox"/> 1-Pay (Annual) <input type="checkbox"/> 4-pay (Quarterly) <input type="checkbox"/> 9-Pay (For Premiums \$2,500 or more) <input type="checkbox"/> 10-Pay (Direct Debit-Attach DD Form) <input type="checkbox"/> Deposit Amount _____	PLAN <input type="checkbox"/> DELUXE <input type="checkbox"/> STANDARD
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NAMED INSURED: _____ ADDRESS 1: _____ ADDRESS 2: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE #: _____	POLICY PERIOD From: _____ (Inception) To: _____ (Expiration)
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PROPERTY COVERAGES

(For additional buildings or locations attach a Separate Application)

Loc. # _____ Location: _____
Bldg # _____ Town/City: _____ State: _____ Zip: _____ County: _____

CONSTRUCTION: Frame Masonry Metal Fire Resistive

PROTECTION CLASS: Highly Protected Protected Semi-protected Unprotected
 Feet from Hydrant _____ Miles from Fire Department _____ Fire District _____

OCCUPANCY: Owner Tenant / Lessor Vacant

Description: _____ **Year Built:** _____ **Square Footage:** _____

Cov A – Building Limit: \$ _____ RC ACV Deductible: \$ _____
 Form/Perils: SF-1 Basic SF-2 Broad SF-3 Special

Cov B – Contents Limit: \$ _____ RC ACV Deductible: \$ _____
 Form/Perils: SF-1 Basic SF-2 Broad SF-4 Special SF-4A

BUILDING INFORMATION

Smoke Detectors Central Station Alarm (Certificate Required) 100% Sprinklered (Warranty Required) Woodstoves (Photos & Report Req.)
 Sole Occupancy (Mercantile Only) Apartments Present within Risk Any Vacant areas of the building _____%
 Hood and Duct System with Ansul 300 Fire Suppression System with Maintenance Contract
Type of Wiring: Circuit Breakers Fuses # of Amps _____ Year _____ **Type of Heating:** _____ Year _____
Type of Roof: _____ Year _____ **Type of Plumbing:** _____ Year _____

LIABILITY COVERAGES

Form: LS-1 (OLT) LS-5 (BGL) LS-6 (BGL – Ext)

Cov. L – Bodily Injury & Property Damage \$ _____ **Ea. Occurrence** \$ _____ **Aggregate**

Cov. M – Premises Medical Payments \$ _____ **Ea. Person** \$ _____ **Ea. Accident**

Cov. N – Products/Completed Operations \$ _____ **Ea. Occurrence** \$ _____ **Aggregate**

Cov. O – Fire Legal \$ _____

Cov. P – Personal and Advertising Injury **Deluxe – (Coverage is included)** **Standard – Include?** Yes No
(See Coverage L)

OPTIONAL LIABILITY COVERAGES

HIRED AND NON-OWNED AUTO LS-50A LIQUOR LIABILITY LS-34 (Attach Company Liquor Liability Supplement)

<input type="checkbox"/> BEAUTY/BARBER SHOP LIABILITY LS-44 & LS-76B	<u>#Full-time</u>	<u>#Part-time</u>
Beauticians	_____	_____
Barbers	_____	_____
Manicurists	_____	_____

MORTGAGEE / LOSS PAYEE / ADDITIONAL INSURED

ADDITIONAL INSURED **NAME #1** _____

MORTGAGEE ADDRESS 1 _____

LOSS PAYEE ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL INSURED **NAME #2** _____

MORTGAGEE ADDRESS 1 _____

LOSS PAYEE ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL INSURED **NAME #3** _____

MORTGAGEE ADDRESS 1 _____

LOSS PAYEE ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

UNDERWRITING INFORMATION

(Answer all questions)

1. **Previous Carrier:** _____ **If no prior insurance, why?** _____
2. **Years in business?** _____ **Owner/manager experience in this field:** _____
3. **Any policy or coverage Declined, Cancelled or Non-Renewed during the Prior 3 years?** Yes No
If "Yes", give reason and prior approval required _____
4. **Does the insured participate in or host any special events on or off premises?** Yes No
If "Yes", please provide details _____
5. **Does the applicant have a website?** Yes No
If "Yes", please provide address _____
6. **Has the insurance been transferred with the agency?** Yes No
If "Yes", please provide reason _____
7. **Does the applicant own or operate any other business?** Yes No
If "Yes", please provide details _____
8. **Does the applicant have any other policies?** Yes No
If "Yes", please list policies _____
9. **Is the business operated by the Named Insured?** Yes No
10. **Is there any woodstoves or Outdoor Wood Boilers?** Yes No
If "Yes", please provide photos and woodstove reports on each unit

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. 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, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, 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 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 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.

APPLICANTS STATEMENT

The undersigned hereby applies for insurance coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge. The insurance is subject to the terms, conditions, and limitations of the policy(ies) in current use by the company.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT