

National Casualty Company

Home Office
 Scottsdale, Arizona
 Administrative Office
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675

BUSINESSOWNERS COVERAGE APPLICATION

APPLICANT'S INSTRUCTIONS:

Complete this form to apply for Businessowners Coverage.

If space is insufficient to answer any question, use the reverse side or attach a separate sheet. Answer all questions.

(PLEASE TYPE OR PRINT)

Name of Applicant: _____

PROPERTY

Complete the following chart for any owned or leased premises (use a separate sheet of paper if needed):

Location Address	Construction Type	Public Protection (Fire) Class	Feet to Fire Hydrant	Miles to Fire Station	Occupancy	Is Building Protected by an Automatic Sprinkler System?	Value of Business Personal Property
	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Modified Fire-resistive <input type="checkbox"/> Fire-resistive				<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Modified Fire-resistive <input type="checkbox"/> Fire-resistive				<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Modified Fire-resistive <input type="checkbox"/> Fire-resistive				<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Please provide **Mortgage Holder Name and Address** for any applicable Location above

The Deductible for Building Personal Property is \$500 per Location, per Occurrence.

Please indicate by checking the box if a different Deductible for Business Personal Property is desired:

Optional Building Personal Property Deductible Desired	
<input type="checkbox"/> \$250 per Location, per Occurrence	<input type="checkbox"/> \$5,000 per Location, per Occurrence
<input type="checkbox"/> \$1,000 per Location, per Occurrence	<input type="checkbox"/> \$7,500 per Location, per Occurrence
<input type="checkbox"/> \$2,500 per Location, per Occurrence	<input type="checkbox"/> \$10,000 per Location, per Occurrence

GENERAL LIABILITY

Please indicate the General Liability Limit desired by checking the box:

General Liability Limit Desired	
<input type="checkbox"/> \$300,000 per Occurrence/\$600,000 Aggregate	<input type="checkbox"/> \$1,000,000 per Occurrence/\$2,000,000 Aggregate
<input type="checkbox"/> \$500,000 per Occurrence/\$1,000,000 Aggregate	<input type="checkbox"/> \$2,000,000 per Occurrence/\$4,000,000 Aggregate

The Medical Expenses limit is \$5,000 per person.

Please indicate if a \$10,000 Medical Expense limit is desired instead:..... Yes No

ADDITIONAL COVERAGES

Please indicate by checking the box and answering any questions below if any Additional Coverages are desired:

Employee Benefits Liability

Indicate Limits desired (must be the same as the General Liability Limit or less):

- \$500,000
- \$1,000,000
- \$2,000,000

Do you currently carry Employee Benefits Liability Coverage? Yes No

If "Yes," what is the retroactive date? _____

Employee Benefits Program Name: _____

Do you currently have a written employee benefit manual/handbook in place?..... Yes No

Do all employees receive an annual statement/review of benefits? Yes No

Do you currently have a written job procedural manual in place? Yes No

Hired & Nonowned Auto Liability

Do you own any commercial vehicles? Yes No

If "No," please complete the Hired & Nonowned Automobile Supplement.

Additional Insureds

Are you required to name any other business or person as an additional insured?..... Yes No

If "Yes," please list name and address of each and state interest. Use separate sheet if required.

Additional Insured's Name and Address	Interest	Designation of Premises Leased to You	Description and Location of Leased Equipment

Waiver of Transfer of Rights of Recovery

Are you required to waive your subrogation right against another business or person?..... Yes No

If "Yes," please list name and address of each and state interest. Use separate sheet if required.

Name	Address	Interest

Employers Liability/Stop Gap Coverage (applicable in ND, OH or WA only).

Please indicate Total Company Payroll: \$ _____

Indicate Limits desired:

- \$300,000 Bodily Injury by Accident/\$300,000 Bodily Injury by Disease/\$600,000 Aggregate
- \$500,000 Bodily Injury by Accident/\$500,000 Bodily Injury by Disease/\$500,000 Aggregate
- \$1,000,000 Bodily Injury by Accident/\$1,000,000 Bodily Injury by Disease/\$1,000,000 Aggregate

CLAIM HISTORY

1. Have there been any Property losses or General Liability claims or incidents made against you, any employee or former employee, the Applicant or anyone proposed for this insurance, in the last five years? ... Yes No

If "Yes," how many?

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for each.

2. Are you or anyone proposed for this insurance aware of any circumstances which might give rise to a General Liability claim or incident? Yes No

If "Yes," how many?

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for each.

3. Was prior Property or General Liability coverage ever cancelled or nonrenewed (other than being non-renewed due to the carrier no longer writing these coverages)? (Not Applicable to Missouri Applicants) ... Yes No

If "Yes," please explain the reason for nonrenewal or cancellation:

4. Have there been any incidents or claims made against you, any employee or former employee, the Applicant or anyone proposed for this insurance, in the last five years involving any of the following Additional Coverage you are requesting above? Yes No

- Employee Benefits Liability**
- Hired & Nonowned Auto Liability**
- Additional Insureds**
- Waiver of Transfer of Your Rights of Recovery**
- Employers Liability/Stop Gap (applicable in ND, OH or WA only)**

If "Yes," how many?

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for each.

SIGNATURE SECTION AND OTHER INFORMATION:

NOTE: Please recheck all answers and sign below. Coverage cannot be bound without signature or if this application is incomplete.

THE UNDERSIGNED REPRESENTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.

THE APPLICANT UNDERSTANDS AND AGREES THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY. THE APPLICANT ALSO UNDERSTANDS AND AGREES THIS APPLICATION FOR COVERAGE DOES NOT MEAN ANY REQUESTED COVERAGES, LIMITS OR DEDUCTIBLES SHALL BE GRANTED IN FACT; UNDERWRITERS MUST AGREE TO ANY REQUESTS WHETHER IN THE APPLICATION OR OTHERWISE.

THE UNDERSIGNED INDIVIDUAL REPRESENTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THE REPRESENTATION, ON BEHALF OF THE APPLICANT OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.

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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE 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.

Principal's Signature: _____ Date: _____
(Must be signed by an Owner, Partner or Officer)

Name of Applicant

Signature and Title of Principal (Must Be Owner, Partner Or Officer) Date: _____

Print Name and Title of Principal Signing Above

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

SUBMISSION OPTIONS

Please submit your application to: StaffingEandO@TargetProlns.com, or Fax to: (860) 284-1113.