
Princeton Office Package Application

Princeton Insurance

We're there.



Princeton Insurance, a MLMIC Group company

746 Alexander Road, Princeton, New Jersey 08540-6305

www.princetoneasyaccess.com
(877) PI-EASY2
(877) 743-2792

Princeton Office Package Policy

Quote New/Renewal Add location

General Information

Requested effective date _____

1. Name and address of applicant (billing address)

2. Phone number (_____) _____

3. Name and address of agent

4. Is applicant's professional liability coverage with Princeton? Yes No
 Policy number _____

5. Policy period from _____ to _____

6. Individual Partnership
 Corporation/P.A. Joint Venture
 Other _____

7. Description of business operations _____

Property Coverages (Complete for each location)

8. Location address

9. Does applicant own the building? Yes No

10. Deductible \$250 automatic \$500 \$1,000

11. Terrorism Coverage (You must choose A or B)

- A. I hereby elect to purchase coverage for terrorism on my policy for a premium of \$50.
 B. I hereby elect to have *acts of terrorism* excluded from my policy.

Items 12 & 13 must be 100% replacement value

12. Building limit \$ _____ (If applicant is building owner, building must be insured)

13. Contents limit - medical equipment \$ _____
 business contents \$ _____

14. Name and address of contents loss payee

15. Name and address of mortgagee

16. Construction of building

- Fire resistive Masonry non-combustible
 Non-combustible Frame
 Masonry

17. Age of building _____

18. Number of stories _____

19. Is building 100% sprinklered? Yes No

20. Protection class _____

21. Date remodeled (if building is more than 30 years old)

_____ Electrical _____ Plumbing _____ Heating

22. Describe private protection (i.e., security guards, burglar alarm, smoke detectors)

23. Indicate the limit desired for each coverage shown below

	Standard Policy Limit	Limit Desired
(a) Valuable papers and records	\$25,000	_____
(b) Accounts receivable	\$25,000	_____
(c) Employee dishonesty	\$10,000	_____
Number of employees: _____		
(d) Welfare and pension plan	\$10,000	_____
Name of plan: _____		
Number of trustees: _____		

	Standard Policy Limit	Limit Desired
(e) Depositor's forgery	\$25,000	_____
(f) Computer coverage		
Equipment	\$10,000	_____
Data and media	\$ 5,000	_____

General Liability Coverage (Complete for each location)

24. Limits desired

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$ 300,000 | <input type="checkbox"/> \$3,000,000 |
| <input type="checkbox"/> \$ 500,000 | <input type="checkbox"/> \$4,000,000 |
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$5,000,000 |
| <input type="checkbox"/> \$2,000,000 | |

25. Location _____

Is this location a residence? Yes No (If yes, complete supplemental application for residential exposure.)

26. Square footage occupied by applicant _____

Total square footage of building _____

Other occupancies

27. If applicant is building owner, are any parking facilities owned away from the premises? Yes No
 If Yes, provide square footage _____

Optional Coverages

28. Does applicant manufacture, sell, install or service any products? Yes No
 If Yes, describe _____

29. Does applicant conduct off-premises activities?
 (i.e., conventions, trade shows, exhibits, seminars, etc.) Yes No

30. Do you have a commercial auto policy in the named insured's name? Yes No

31. Non-owned Auto Number of employees _____
 (Limit will be the same as general liability limit.)
 Hired Auto Cost of hired autos _____
 (Limit will be the same as general liability limit.)

32. Employee Benefits
 \$100,000/\$300,000 \$500,000/\$1,500,000 \$1,000,000/\$3,000,000

33. Glass coverage Number of square feet _____

34. Sign coverage Amount of coverage desired \$ _____

35. Depositor's forgery Amount of coverage desired \$ _____
Number of employees _____ Audit frequency _____

Who performs audits? _____

Countersignature of checks required? Yes No

If no, who signs? _____

36. Scheduled property (fine arts, camera equipment, misc.) List each item and its dollar value

\$ _____

\$ _____

\$ _____

\$ _____

37. Fire Damage \$100,000 automatic coverage - If higher limits desired, please indicate.
 \$200,000 \$300,000 \$400,000 \$500,000

38. List additional protected persons for general liability and relationship to insured

39. List all claims within the last 5 years for: (a) the above property and (b) any other property/liability losses by the named insured.

40. **Signature**

This section must be completed by all applicants.

All of the above information is true to the best of my knowledge and belief. I understand that signing this application does not bind Princeton Insurance Company to complete the insurance, but it is agreed that this application shall be the basis of a contract should a policy be issued. I authorize release and exchange of any underwriting or claims information between all prior carriers and the Princeton Insurance Company.

Notice to Applicants: 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.

Name of Applicant (Type or Print)

Signature of Applicant

Date

I understand that Princeton Insurance Company reserves the right to reject any applicant that does not meet its underwriting standards.

Premium Computation Worksheet

Location Coverages

Building	Base rate	GL incr + L/O occ	Building amount	Factors	Premium
	+		x(/1,000)	x	\$
	Building square footage				
Business Personal Property	Base rate	GL incr	BPP	BPP load	Factors
	+		x(/1,000)	+	x
	Office square footage				

Increased Coverages (\$250 deductible applies)

Valuable Papers	Amount of insurance /1,000		Rate		Factors	
	(-10,000)	x	x		x	\$
Accounts Receivable	Amount of insurance -1,000		Rate		Factors	
	/10,000)		x		x	\$
Employee Dishonesty	No. of employees	Rate for over 25 employees	Total employees minus 25	Charge for number of employees up to 25		
	Limit	automatic \$25,000 - 10,000	x	+	automatic \$100,000-10,000	\$
Coverage for Welfare & Pension Plan	No. of trustees	Rate for over 25 trustees	Total trustees minus 25	Charge for number of trustees up to 25		
	Limit	\$25,000-10,000	x	+	\$100,000-10,000	\$
Computer Coverage	Hardware	Base rate	Load		Factors	
		-10,000 /1,000	x	+	x	
	Software	-5,000 / 1,000				\$

Optional Coverages (\$250 deductible applies to property coverages)

Non-owned Auto	No. of employees				\$
Hired Auto	Cost of hired autos	/100	x	Rate	\$
Employee Benefits	1. 100,000/300,000	2. 500,000/1,500,000	3. 1,000,000/3,000,000		\$
Glass	No. of square feet		x	Rate	\$
Sign	Amount of insurance	/100	x	Rate	\$
Depositor's Forgery	No. of employees	Rate for over 25 employees	Total employees minus 25	Charge for number of employees up to 25	\$
	Limit	(-\$25,000)	+	
Fire Damage			Limit		\$
Scheduled Property					\$
Terrorism Coverage					\$ 50.
Additional Protected Persons					\$
Higher General Liability Limits					\$
				Total	\$

Princeton Office Package Supplemental Application (For Residential Exposures)

1. Name and address of applicant _____ 2. Policy # _____

Homeowners Policy Information

Carrier _____ Policy Number _____

Policy period from _____ to _____

Real property limit _____

Personal property limit _____

General liability limits (minimum \$300,000) _____

Square footage of residence _____

Square footage of office _____

Is there a pool at this location? Yes No Fenced? Yes No

Please attach a copy of the declarations page of applicant's homeowners policy.