

	APPLICANT					
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	в	LLING PLAN	PAYMENT PLAN	AUDIT
				AGENCY		
				DIRECT		
	FOR COMPANY USE ONLY					
CODE:						
	CODE:	PROPOSED EFF. DATE FOR COMPANY USE ONLY	PROPOSED EFF. DATE PROPOSED EXP. DATE FOR COMPANY USE ONLY	PROPOSED EFF. DATE PROPOSED EXP. DATE BI	PROPOSED EFF. DATE PROPOSED EXP. DATE BILLING PLAN AGENCY DIRECT FOR COMPANY USE ONLY	PROPOSED EFF. DATE PROPOSED EXP. DATE BILLING PLAN PAYMENT PLAN AGENCY AGENCY DIRECT DIRECT

ACCOUNTS RECEIVABLE

BUILDING CONSTRUCTION							INKLERS		CLASSIFICATION OF BUSINESS											
					YE	S		RETAIL %						MANUFACTURING						
NC)			W	HOLESALE	INSURANCE	RANCE %								
LOCATIO				ECTION																
ADDRESS OR	LOCATION	(ACORI	D 125)										SECTION	N OF BUILD	DING	FIRE	CONTE	ENTS RAT	ſE	
																			%	
	SAFE/VAUL	T/RECEI	PTACLE MAN	UFACTURE	R		LABEL	. (CLA	SS	DOOR	TYPE	COM	BINATION	LOCKS	\$				
u											ROUND	SQUARE	OUTER	INNER	CHEST	(EXCL.	WALL			
SMI																				
CONSTRUCTION	ON																			
DUPLICATE RECORDS KEPT % OF PERIOD RECORDS KEPT RECORDS :									LOC	CATIC	ON OF DUPLI	CATE RECOR	DS							
YES	NO		DUPLICATE	D																
ALARM TYP	E AL	ARM DE	SCRIPTION	-	EX	TENT OF P	ROTECT	ION	ALA	ARM I	NSTALLED A	ND SERVICE	D BY:			#GUA	RDS	WATCH	IPERSONS:	
HOLD-U	JP	LOCAL	GONG	GRADE	SAF	E/VAULT	PREMIS	SES										R	PT/CENT. ST	
PREMIS	SES	CENTR	AL STATION			PARTIAL	1 2	3								#WA1 PERS		CI	LOCK HRLY	
SAFE		POLICE	E CONNECT			COMPLETE										1 Eno		D	ON'T SIGNAL	
		WITH K	(EYS	ACCES	SIBLE	OPENINGS	S & PROTI	ECTIO	N				OTHER F	PROTECTIO	ON (Fences, Flo	odlights, E	ETC.)			
CERTIFICATE	NUMBER																			
EXPIRATION	DATE:			_																
POLICY IN	FORMA	TION																		
LIMITS:	_		KONE	REPORT	NG		NON	I-REPC	DRTI	NG										
YOUR PF	REMISES	(Incl	uding Branche				-					IN TR			ALL COVE	RED PROF	PERTY	AT ALL I	LOCATIONS	
		(g	/																
HISTORY	OF RECI	EIVAB	LES								1									
				TANDING AS	S OF T	HE LAST F	FISCAL DA	AY OF	EAC	HOF	THE MONTH		ELY PRECED	ING THE D	ATE OF THIS A	PPLICATI	ON.			
MO./YR.			EIVABLE	MO./YF			OUNTS RE			1	MO./YR.		UNTS RECEI		MO./YR.	ACCOUNTS RECEIVABLE				
	\$					\$						\$\$								
	\$					\$					\$ \$									
	\$					\$						\$				\$				
STATE PERCE	INTAGE OF	TOTAL	MONTHLY AC	COUNTS RE	CEIVA	ABLE CUR	RENTLY					UNCOLL		COUNTS	I (Past Three Yea	re)				
REPRESENTE	D BY DEFER	RED PA	AYMENT ACC	OUNTS.							YEAR:	ONCOLL	YE		(1 451 11100 104	YEA	R:			
										\$ \$ \$										
GENERAL	INFORM		N																	
							VE		0	2.				FCORDS		BATE2		YES	NO	
									3.		ARE BILLED AND UNBILLED RECORDS KEPT SEPARATE? YES HAS THERE BEEN FLOODING AT ANY LOCATION? YES						NO			
REMARKS	LE DILLIN	G ACC	JOUNTING	STOTEIN	USEL)!				э.	TAS THE		LOODING	ALANT	LOCATION		L	TEO		

	CATION							V	/AL	.UABL	E PAPE	RS							
	CATION DING CONSTR	UCTI	ON													SPRINKLE	RS		
																YES		NO	
LO	CATION O	FRE	ECORDS	/ PROTE	CTION														
ADD	RESS OR LOC	ATION	(ACORD 1	25)									SECTION	N OF BUILDIN	G	FIRE CONT	ENTS	RATE	
																		%	
REC	EPTACLES IN	WHIC	H PROPERT	Y IS KEPT AT	TALL TIME	S WHEN PRE	EMISE	S NOT	OPE	N FOR BUS	SINESS								
	SAFE/	VAUL	T/RECEPTA	CLE MANUFA	ACTURER		L	ABEL		CLASS	DOOF	R TYPE	COM	IBINATION LC	CKS	т	ніски	ESS	
								UL			ROUND	SQUARE	OUTER	INNER	CHEST	DOO (EXCL. BOL	R		
								SMN								LINGE. DOL	111011		
CON	STRUCTION														•				
						T						AND SERVICE	D BV:			#GUARDS	T		
AL		A	LARM DESC	-	GRADE	EXTENT O					NSTALLED A	AND SERVICE	DBT:			#GUARDS	WA	TCHPERSONS:	
	HOLD-UP PREMISES			ONG . STATION		SAFE/VAUL	_									#WATCH	-	CLOCK HRLY	
	SAFE		POLICE C			COMPLET		1 2	- 3	-						PERSONS		DON'T SIGNA	
	OAL				ACCESS	BLE OPENIN		PROT	ECTIC	DN			OTHER F	ROTECTION	(Fences, Floo	dlights, ETC.)	1	Don't oldity	
CER	TIFICATE NUM	BER																	
	RATION DATE																		
	LICY INFO	RM/	ATION																
	rs R PREMISES			AWAY FRO		DEMICEC								OCCUPPEN	ICE DEDUCTII			BE REPLACE	
100	n Phemises			AWAT FRO	WI TOOR P	REMISES	ł			NKET AMO				OCCORNEN					
									SPE	CIFIED AM	OUNT \$						YES	NO	
	PERS DESCRIPTION	OF P	APERS											SEE /	ATTACHED LI	ST SPE	CIFIED	AMOUNT	
																s			
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REMARKS

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