

**NORTH CAROLINA JOINT UNDERWRITING ASSOCIATION
NORTH CAROLINA INSURANCE UNDERWRITING ASSOCIATION**

APPLICATION FOR COMMERCIAL CRIME INSURANCE POLICY
(Please read Privacy Statement on Reverse (Type or print clearly in ink))

(Please read Privacy Statement on Reverse (Type or print clearly in ink)

(Insert IRS Employer Identification Number of the insured. Use suffix "A", "B", "C", etc. for each additional separate application where multiple premises are involved.)

(Please read Privacy Statement on Reverse (Type or print clearly in ink))																												
1. NAME	2. TELEPHONE (Include Area Code) Work () Home ()																											
3. MAILING ADDRESS NUMBER AND STREET _____	EFFECTIVE DATE: 12:01 on the day following date of US Post Office affixed postmark, or in the absence of such postmark, 12:01 on the day following date application and payment are received. (See "NOTE" under Section 8 below.)																											
CITY _____ COUNTY _____ STATE _____ ZIP CODE _____	EXPIRATION DATE: One year from effective date.																											
4. PREMISES TO BE INSURED, IF DIFFERENT FROM MAILING ADDRESS (If same as mailing address indicate "same") CITY _____ COUNTY _____ STATE _____ ZIP CODE _____																												
5. Describe type of building and (if multiple occupancy) portion or rooms occupied by applicant, including room and floor number:																												
6. Describe class and type of business (i.e., grocery store or drug store, etc.). Use description of business used on tax return, plus any additional information needed to clarify or expand this description:																												
7. Has applicant ever previously been insured under a Federal or Association Crime Insurance Commercial Policy? YES NO																												
When was coverage last in force? _____ What was previous policy number? _____																												
8. If application is for burglary coverage (Option 1 or 3), the following information must be provided: A. Certain businesses require an alarm system. Indicate the type of alarm in place and the certificate number: Central Station/guard Response Silent Premises Has No Alarm Central Station/No Guard Response Local Certificate No. _____																												
B. Does the premises contain a safe with a rating of Class E or better? YES NO																												
<p>NOTE: To be eligible for an insurance policy under the Crime Insurance Program which includes burglary coverage, the insured premises MUST meet the requirements for protective devices approved by the Insurance Commissioner for that type of property. All premises to be insured under the Program will be inspected upon receipt of the Application, and insurance is conditional upon the premises being found to be in compliance with reported gross receipts and protective device requirements. If the inspection establishes that a premises meets protective device requirements, the Policy will be effective as of noon of the day following the date on which the application is postmarked (unless a later date is specified by the insured). If a combination of burglary and robbery coverage (Option 3) was selected and the premises fails to meet the protective device requirements, the application is still eligible for Robbery Only coverage (Option 2). Is Robbery Only coverage desired if premises fails inspection? YES NO</p>																												
9. PREMIUM COMPUTATION A. Class of Business (check one) 1 2 3 4 5 6 B. Annual Gross Receipts \$ _____ Existing Business – use annual gross receipts for preceding year as shown on the most recent tax return. New Business With No Previous Tax Return – estimate annual gross receipts. Public or Non-Profit Organization – use operating budget. NOTE: Since gross receipts of a business is a factor in determining the premium for a commercial policy, any willful misrepresentation in the application or renewal of coverage may result in the denial of a loss and cancellation of coverage.	10. COMMERCIAL CREDITS (Option 1 and 3 Only) BURGLARY CREDITS FOR OPTION 1 OR 3: A. Premium for Burglary Coverage \$ _____ B. Alarm/Safe Credits: Safe Type <table border="1"><thead><tr><th>Alarm System</th><th>CLASS "E" OR BETTER</th><th>OTHER/ NONE</th></tr></thead><tbody><tr><td>None</td><td></td><td></td></tr><tr><td>Local</td><td>.85</td><td>1.00</td></tr><tr><td>Silent</td><td>.75</td><td>.90</td></tr><tr><td>Central</td><td>.70</td><td>.80</td></tr><tr><td>Without Guard</td><td></td><td></td></tr><tr><td>With Guard</td><td>.65</td><td>.75</td></tr><tr><td></td><td>.60</td><td>.70</td></tr><tr><td>Enter appropriate factor</td><td></td><td></td></tr></tbody></table> C. Adjusted Premium, Option 1 (AxB) \$ _____ ROBBERY DISCOUNT FOR COMBINED COVERAGE (Complete ONLY if Option 3 was selected): D. Premium for Robbery Cover \$ _____ E. Combined Premium (C+D) \$ _____ F. Discount Factor for Combined Coverage in Uniform or Varying Amounts x 0.90 G. Adjusted Premium Option 3 (ExF) \$ _____ Round final rate to the nearest even dollar.	Alarm System	CLASS "E" OR BETTER	OTHER/ NONE	None			Local	.85	1.00	Silent	.75	.90	Central	.70	.80	Without Guard			With Guard	.65	.75		.60	.70	Enter appropriate factor		
Alarm System	CLASS "E" OR BETTER	OTHER/ NONE																										
None																												
Local	.85	1.00																										
Silent	.75	.90																										
Central	.70	.80																										
Without Guard																												
With Guard	.65	.75																										
	.60	.70																										
Enter appropriate factor																												
Burglary _____ Robbery _____ PREMIUM: Refer to Association Commercial rate Tables. Select the appropriate premium based upon the above three factors. \$ _____ \$ _____ Burglary _____ Robbery _____	11. REMIT THE ANNUAL PREMIUM WITH THIS APPLICATION (Check or money order payable to the NC Joint Underwriting Association or NC Insurance Underwriting Association.) Check with your producer or the Associations if you need to verify the proper Association. \$ _____																											
FPCI-2 (2000) BPCI-2 (2000)																												

ELIGIBILITY REQUIREMENTS AND UNUSUAL POLICY PROVISIONS

1. This policy is subject to the provisions of Article 45 or 46, Chapter 58, General Statutes of North Carolina and the Plan of Operation of the North Carolina Joint Underwriting Association or North Carolina Insurance Underwriting Association Continuations of this coverage (and deductibles) shall be subject to the requirements in force at such time.
2. Coverage is subject to a deductible, which is based upon gross receipts as shown below or 5% of the gross amount of any loss, whichever is greater.

GROSS RECEIPTS	DEDUCTIBLE
Less than \$299,999-----	\$250
\$300,000 - \$499,999-----	\$350
\$500,000 or over-----	\$500

The deductible for non-profit or public property risks is \$250 or 5% of the gross amount of any loss, whichever is greater.

3. The annual premium must be paid at the time of application. If premium due is not received by the Association on or before the due date, policy coverage will terminate. No further notice will be sent.
4. All losses of property above the deductible, reported under this policy must also be reported to the Law Enforcement Authorities. Willful and repeated failure to report losses to such authorities may be grounds for cancellation by the insurer.
5. Any material false statement in the Application voids the Policy, and may result in criminal prosecution for false or fraudulent statement or representation as set forth in North Carolina General Statutes Section 58-33-105.
6. This policy cannot be transferred or assigned. Coverage ceases at the time of a move to a new premises or at the time of any change in ownership.
7. If a check submitted in payment of the premium due with this Application is dishonored by the bank on which it was drawn, the Application and any coverage issued pursuant thereto is void and without effect of the date submitted.

PRIVACY STATEMENT

The information requested is necessary to process your application for crime insurance. It is voluntary on your part to furnish the information. It will not be disclosed outside of the Association, except to Member Companies, the NC Commissioner of Insurance and the claims adjusters to enable them to confirm coverage and the location of insured property, or as a required or permitted by law. Failure by you to provide the information may result in delay in processing or denial of your application or payment of claim.

APPLICANT CERTIFICATION

Read Certification. If you have any questions, contact the Association at the telephone number shown below. Otherwise, sign, date and mail immediately. The application must be signed by the applicant in order to be valid. NOTE: IF THERE IS A MAJORITY STOCKHOLDER THAT SIGNATURE MUST BE AFFIXED WITH THE PERCENTAGE OF STOCK OWNED. IF THIS MAJORITY OWNERSHIP CHANGES, A NEW APPLICAITON MUST BE SUBMITTED.

"I certify under penalty of State law for false or fraudulent statement or representation as set forth in North Carolina General Statutes Section 58-33-105: (1) that the statements I have made in the application are true and correct to the best of my knowledge and belief and (1) that I have read the information on this application."

Policy is subject to the provisions of Article 45 or 46, Chapter 58, General Statutes of North Carolina, and the Plan of Operation of the North Carolina Joint Underwriting Association or North Carolina Insurance Underwriting Association Continuations of this coverage (and deductibles) shall be subject to the requirements in force at such time.

(Date)

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Percentage of stock owned)

PRODUCER INFORMATION AND CERTIFICATION

THE FOLLOWING IS TO BE COMPLETED WHEN APPLICAITON IS BEING SUBMITTED FOR AN APPLICANT
BY A LICENSED PROPERTY INSURANCE AGENT OR BROKER

Name _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone Number () _____

AGENTS FEDERAL TAX
I.D. NUMBER

NCJUA PRODUCER CODE NUMBER
(IF KNOWN)

"I certify under penalty of State law: (1) that I am an agent or broker licensed in the State of North Carolina, (2) that the date of my signature is correct, and (3) that I have explained to the Applicant that compliance with protective device requirements is a prerequisite for coverage under this Policy. I also agree that in the event of cancellation of a Policy, I shall ratably refund commissions on the unearned premiums at the same rate at which such commissions were originally paid as requested by the Association."

(Date)

(Signature of Producer Broker)

SEND TO: NC UNDERWRITING ASSOCIATION, P.O. BOX 8009, Cary, NC 27512. FOR ADDITIONAL INFORMATION OR TO REPORT CLAIMS, CALL TOLL FREE (NC ONLY) 1-800-662-7048 – (919) 821-1299.