

**OHIO FAIR PLAN UNDERWRITING ASSOCIATION**  
**2000 POLARIS PARKWAY SUITE 160**  
**COLUMBUS, OHIO 43240**  
1-800-282-1772 / 1-614-839-6446

**COMMERCIAL CRIME APPLICATION**

Please Answer Every Question  
Incomplete Applications will be declined in writing

**A. EFFECTIVE DATE INFORMATION**

New coverage will be effective at noon on the day following the U.S. Post Office affixed postmark date, or, in the absence of such postmark, at noon on the day following the date the application and payment are received. Coverage will expire one year from the effective date.

**B. STATUTORY REQUIREMENTS**

To be eligible for coverage, the following must be TRUE:

1. At least two (2) insurance companies authorized to do business in Ohio have declined to grant the coverage requested in the application.
2. There are no outstanding taxes, assessments, penalties or charges constituting liens upon the property to be insured.
3. Applicant(s) have not received notice from an authorized public entity stating that this property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code or ordinance or rule.

**C. UNDERWRITING CRITERIA-PROTECTIVE DEVICE REQUIREMENTS**

The following protective requirements shall apply to all commercial properties:

1. All door, doorways, storefront windows and accessible openings must be adequately protected during non-business hours by bars, grillwork, and lock devices.
2. Alarm Systems (central station, silent, local or none) are specified for the type of business insured. Higher premium discounts are afforded to businesses with superior systems and/or safes in place.

**D. IMPORTANT PROVISIONS OF THE OHIO CRIME INSURANCE COMMERCIAL POLICY**

1. The annual premium must be submitted with the application. For replacement policies, the premium payment must be received on or before the due date or policy coverage will expire with no further notice. If any check submitted in payment of a premium due for this policy is dishonored by the bank on which it was drawn, any coverage issued pursuant thereto is void as of the beginning of the policy period which was to be covered by the payment.
2. Definitions of coverage:
  - a. Burglary is the stealing of property from the business listed on your application, if it is broken into by means, which leave visible marks of forcible entry. If you lock your doors and windows, most burglars won't be able to get in without leaving some evidence of forced entry. The policy does not cover mysterious disappearance, or unobserved theft.
  - b. Robbery is the stealing of property from the insured listed on the application by force or threat of force, such as holdup or mugging.
3. 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.

<b>GROSS RECEIPTS</b>	<b>DEDUCTIBLE</b>
Less than \$299,999.....	\$250.00

\$300,000-\$499,999.....\$350.00  
\$500,000 or over.....\$500.00

4. Any material false statement in this Application voids any policy which may have been issued. Intentionally false or misleading statements will result in criminal prosecution under ORC 3999.17.
5. No policy can 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.

## E. CLAIM INFORMATION

If you should have a loss, remember these important steps in filing a claim under your policy:

1. Notify your local law enforcement authorities immediately (whether or not a claim is filed). Willful and repeated failure to report losses to such authorities will be grounds for cancellation by OFP.
2. Report your loss to our office or contact your agent.
3. Documentation such as receipts, bills of sale or appraisals must be provided to support the loss claimed.

## F. BASIC INFORMATION

YOUR AGENT'S NAME: \_\_\_\_\_

YOUR AGENT'S ADDRESS: \_\_\_\_\_

AGENT'S PHONE NUMBER: \_\_\_\_\_

AGENT'S FAX NUMBER: \_\_\_\_\_

AGENT'S E-MAIL ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

Describe type of building and (if multiple occupancy) portion or rooms occupied by applicant, including room and floor number: \_\_\_\_\_

Describe class and type of business (for example, grocery store or drug store, etc.). Use the description of business used on tax return, plus any additional information needed to clarify or expand this description: \_\_\_\_\_

If your application is for burglary coverage (Option 1 or 3 below), the following information must be provided:

Certain types of businesses are required to have 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 \_\_\_\_\_

Does the premises contain a safe with a rating of Class E or better?  Yes       No



## CERTIFICATION BY APPLICANT

I certify under penalty of Ohio law for fraud or intentional misrepresentation as set forth in the Ohio Revised Code, 1) that I understand that **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**, 2) that the **statements I have made in this Application are true and correct** to the best of my knowledge and belief, and 3) that **I have read all information on this application. I understand that any policy issued is subject to the requirements for protective devices, which are summarized on this application, and that renewals of policies issued are subject to those requirements for protective devices.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**

## CERTIFICATION OF APPLICANT'S AGENT

I certify, under penalty of Ohio law, 1) that **I am an agent licensed in the State of Ohio**, 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 Crime Insurance policies. I also agree that in the event of cancellation of a policy, I shall refund to OFP commissions on the unearned portion of premiums at the same rate at which such commission was paid.

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Date Signed**