



Insured's Name:

Policy Number: Effective Date:

Agency: Agency Code:

Location (#):

Location (#):

Location (#):

Check each of the following which is applicable:

	Property	Liability	LOC #: BLD:	LOC #: BLD:	LOC #: BLD:
Devices & Services					
Premises Burglar Alarm <i>Signals to an outside station</i>	5%	N/A	☐	☐	☐
External Fire or Burglar Alarm <i>Loud sounding gong on outside of building</i>	2%	N/A	☐	☐	☐
Perimeter Lighting <i>Automatic timed illumination around the entire building</i>	2%	2%	☐	☐	☐
Lightning Protection <i>Certified lightning rods installed</i>	2%	N/A	☐	☐	☐
Automatic Fire Alarm (class rated only) <i>Protecting entire building, connected to a central station or reporting to a private or public fire alarm station</i>	5%	N/A	☐	☐	☐
Free Standing Building Credits	5%	5%			
The insured is the sole occupant of the building AND The building is separated from other buildings by at least 25 feet of clear open space			☐	☐	☐
Caretaker, Owner, or Watchmen on Premises	10%	10%			
The caretaker lives on premises OR The owner lives on premises OR A watchman is present when the building is not regularly open for business			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

Insured's Signature:		Date:	
Agents's Signature:		Date:	

PRINT**Please submit completed application to your Independent Insurance Agent in electronic or printed format.**

Western National Insurance Group
Central Region
4700 West 77th Street, Edina, MN, 55435
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www.wnins.com

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