

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:



## Commercial Property Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
 Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_  
 \_\_\_\_\_

### LOCATION INFORMATION (If more than 3 locations, **attach** a separate sheet)

#### DESCRIPTION OF OPERATIONS – OCCUPANCY

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

### GENERAL INFORMATION

- Number of years in business at this location: \_\_\_\_\_ Total number of years experience: \_\_\_\_\_
- Mortgagee's Name: \_\_\_\_\_ ☐ N/A  
 Amount Outstanding: \$ \_\_\_\_\_
- Any special hazards; i.e. cooking, flammables, woodworking, etc? ..... ☐ Yes ☐ No  
 If yes, please explain: \_\_\_\_\_

### BUILDING INFORMATION

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

	Loc. 1	Loc. 2	Loc. 3
<b>CONSTRUCTION:</b>			
<b>YEAR BUILT:</b>			
<b># OF STORIES:</b>			
<b>TOTAL Sq. FOOTAGE:</b>			
<b>PROTECTION CLASS:</b>			
<b>ALARM</b>	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None

**BUILDING INFORMATION (Continued)**

YEAR OF LATEST UPDATE	___ Roof	___ Roof	___ Roof
	___ Plumbing	___ Plumbing	___ Plumbing
	___ Wiring	___ Wiring	___ Wiring
	___ Heating	___ Heating	___ Heating
	___ Other _____	___ Other	___ Other

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____ _____ _____	___	_____
_____ _____ _____	___	_____
_____ _____ _____	___	_____

**PRIOR CARRIER HISTORY****PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**PRIOR LOSS INFORMATION****LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		<hr/> <hr/>		
		<hr/> <hr/>		
		<hr/> <hr/>		
		<hr/> <hr/>		
		<hr/> <hr/>		

Has the applicant been cancelled or non-renewed in the last three years?..... ☐ Yes ☐ No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS**

\_\_\_\_\_