

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 \_\_\_\_\_

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Web Address \_\_\_\_\_

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**

1. Number of years in business at this location: \_\_\_\_\_ Total number of years experience: \_\_\_\_\_
  2. Mortgagee's Name: \_\_\_\_\_  N/A  
Amount Outstanding: \$ \_\_\_\_\_
  3. 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)**

<b>YEAR OF LATEST UPDATE</b>	<input type="checkbox"/> Roof	<input type="checkbox"/> Roof	<input type="checkbox"/> Roof
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Wiring	<input type="checkbox"/> Wiring	<input type="checkbox"/> Wiring
	<input type="checkbox"/> Heating	<input type="checkbox"/> Heating	<input type="checkbox"/> Heating
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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"/> R.C. <input type="checkbox"/> Special 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
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  NoIf yes, Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ADDITIONAL COMMENTS**