



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY Prime Brokers Ltd.	CARRIER			NAIC CODE			
	Phoenix Insurers Ltd.						
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE				
Program 1		P1					
CONTACT NAME: PHONE (A/C. No. Ext): +1 202 406 789	POLICY NUMBER						
	#01						
FAX (A/C. No): 76754445646 E-MAIL ADDRESS: greywilliam@primebrokers.com CODE: 123 SUBCODE: 1 AGENCY CUSTOMER ID: 542198	UNDERWRITER		UNDERWRITER OFFICE				
	Chinmay		MBP3				
	STATUS OF TRANSACTION	<input checked="" type="checkbox"/>	QUOTE	<input checked="" type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW
		<input checked="" type="checkbox"/>	BOUND (Give Date and/or Attach Copy):				
		<input checked="" type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM
		<input checked="" type="checkbox"/>	CANCEL	07/15/2025	6:15	<input checked="" type="checkbox"/>	PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS		PREMIUM		PREMIUM			PREMIUM	
X	BOILER & MACHINERY	\$ 1000	X	CYBER AND PRIVACY	\$ 65478	X	YACHT	\$ 98787
X	BUSINESS AUTO	\$ 24524	X	FIDUCIARY LIABILITY	\$ 4488	X	FIDUCIARY LIABILITY f3jf3e	\$ 44
X	BUSINESS OWNERS	\$ 3424	X	GARAGE AND DEALERS	\$ 3452	X	GARAGE AND DEALERS	\$ 9837
X	COMMERCIAL GENERAL LIABILITY	\$ 6746	X	LIQUOR LIABILITY	\$ 6432	X	LIQUOR LIABILITY	\$ 523
X	COMMERCIAL INLAND MARINE	\$ 29959	X	MOTOR CARRIER	\$ 9847	X	MOTOR CARRIER	\$ 2345
X	COMMERCIAL PROPERTY	\$ 84673	X	TRUCKERS	\$ 56743	X	TRUCKERS	\$ 86463
X	CRIME	\$ 345	X	UMBRELLA	\$ 93455	X	UMBRELLA	\$ 83663

ATTACHMENTS

<input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input checked="" type="checkbox"/> GLASS AND SIGN SECTION	<input checked="" type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input checked="" type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input checked="" type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input checked="" type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input checked="" type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input checked="" type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input checked="" type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input checked="" type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input checked="" type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> VEHICLE SCHEDULE
<input checked="" type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input checked="" type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input checked="" type="checkbox"/> CONTRACTORS SUPPLEMENT	<input checked="" type="checkbox"/> LOSS SUMMARY	
<input checked="" type="checkbox"/> COVERAGES SCHEDULE	<input checked="" type="checkbox"/> OPEN CARGO SECTION	
<input checked="" type="checkbox"/> DEALERS SECTION	<input checked="" type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input checked="" type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input checked="" type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input checked="" type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/15/2025	07/15/2028	X DIRECT X AGENCY	PP1	NEFT	nhiuel	\$ 64t7789894	\$ 778474676	\$ 8763789

APPLICANT INFORMATION

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	HFHGH	HFFHEO	WUIEUF	JDHJHRB
	BUSINESS PHONE #: 983662772662			
	WEBSITE ADDRESS wjkhdhwchdjjjjjjjbjv cjhvhbh3rfhb			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 54	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST	