

## Please attach corresponding Supplemental Applications

You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at **CIBAQuote@cibaservices.com**. Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

Broker: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### ACCOUNT INFORMATION

**New Account**      **Existing Account**

Account Name: \_\_\_\_\_ Owner \_\_\_\_\_ Property Manager \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### INSURED INFORMATION

Name Insured/Insurable Interest: \_\_\_\_\_ **HOME STATE OF INSURED** (according to NRRA): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### LOCATION INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Property Type:  
     Apartment                      Mixed Use Apartments                      Condominium                      Mixed Use Condominium  
     Office                              Retail                              Self-Storage                      Warehouse  
     Light Industrial                      Cannabis                              Vacant Land: \_\_\_\_\_ Acres

Are you aware of any claim or lawsuit involving any of the locations identified in the SOV?      Yes      No

### LOSS HISTORY

Has this property or insured sustained a loss during the past 3 years?      Yes      No  
 Carrier Loss Runs Attached:      Yes      No      *Carrier loss runs required upon binding coverage*  
 Please provide loss information if carrier loss runs are not attached

Date of Loss	Type of Loss Description	Total Loss Amount	Status (open/closed)

### COVERAGE DESIRED

Property      Liability      Earthquake      Crime      Extended Period of Indemnity

### ADDITIONAL REQUESTS

Direct Bill      Payment Plan  
 Renter's Liability      Active Assailant  
 Insurance Certificate Monitoring (ICM) Service Quote *if yes, please indicate number and type of certificates to be monitored:*  
 Tenant \_\_\_\_\_ HOA \_\_\_\_\_ Service Provider \_\_\_\_\_

Comments: \_\_\_\_\_

**TARGET PREMIUM :** \_\_\_\_\_

**EXPIRING POLICY INFORMATION**

	Effective Date	Insurance Company	Coverage Limit	Deductible	Expiring Premium
Commercial Genreal Liability:					
Excess General Liability:					
Property: All Risk:					
Property: EQ & FL:					
TRIA - Liability:					
TRIA - Property:					

**ADDITIONAL INSURED INFORMATION**

Loan # \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Nature of Interest:** *select all that apply*

1st Mortgagee	Additional Insured	GL 15-1
2nd Mortgagee	Loss Payee	GL 15-2A
3rd Mortgagee	4388FUNS Applies	GL 15-2B

**EXCESS GENERAL LIABILITY QUESTIONS:**

General Liability – Summation of losses for all scheduled locations. Please attach GL Loss Runs for a minimum of the last three years.

Are currently valued (within 6 months of the effective date), ground up General Liability loss details for the past three years on file with the Program Administrator?

Yes No

*If No, please explain why:* \_\_\_\_\_

Do Aggregate GL losses for the past 5 years exceed \$750,000 Total Incurred?

Yes No

Has the Insured Observed a Single GL loss in excess of \$250,000 Total Incurred during the past 5 years?

Yes No

Are all General Liability Policies on an occurrence form?

Yes No

Are underlying General Liability Defense Costs outside the Primary Limits of Insurance?

Yes No

Do Primary Policies contain sub-limits less than \$1M (other than Medical Payments or Fire Legal)

Yes No

**General Liability Loss Summary**

Policy Term	# of Claims	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred

**General Liability - Losses in Excess of \$100,000 Total Incurred**

Accident Date	Brief Description of Loss	# of Claims	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred

1. The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

2. Completion of this form does not bind coverage or commit the Company to policy issuance.

3. Any person who, with intent to defraud or knowing that he/she 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

**PLEASE SIGN:**

Applicant: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Producer: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PLEASE RETURN ALL PAGES WITH YOUR APPLICATION, INCLUDING APPLICABLE SUPPLEMENTAL APPLICATION FOR PROPERTY TYPE INDICATED.**