

COMMERCIAL PROPERTY APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____
 _____ Phone Number for Inspection contact: _____

Proposed Policy Period: _____ to: _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER: _____

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

ADDRESS:	DESCRIPTION OF OPERATIONS – OCCUPANCY:
Loc. 1	
Loc. 2	
Loc. 3	

PRIOR CARRIER INFORMATION (Must Have Prior 3 Years Information):

YEAR	CARRIER	COVERAGE CARRIED	LIMITS	EXPIRATION DATE

ENTER ALL LOSS INFORMATION (Past 3 Years):

DATE	TYPE OF LOSS	DESCRIPTION	AMOUNT PAID	OPEN OR CLOSED

Has coverage ever been cancelled or non-renewed? Yes No If yes, please explain: _____

LIMITS & COVERAGES:

	LOC. 1	LOC. 2	LOC. 3
BUILDING _____ % Coinsurance	\$ _____	\$ _____	\$ _____
BPP _____ % Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME _____ % Coin. or _____ % Monthly	\$ _____	\$ _____	\$ _____
SIGNS (Describe):	\$ _____	\$ _____	\$ _____
TOTAL LIMITS:	\$ _____	\$ _____	\$ _____
DEDUCTIBLES: BUILDINGS - \$ _____ BPP - \$ _____ BUSINESS INCOME - \$ _____			

CAUSES OF LOSS: Basic Broad Special

VALUATION: A.C.V. R.C. Market Value

PARTICIPATING COMPANIES:

NAME OF COMPANY _____ % PARTICIPATION _____ LIMITS _____

BUILDING INFORMATION:

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
AGE:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			

UNDERWRITING INFORMATION

State updates that have been performed and the date the updates were done.

	WIRING	PLUMBING	HEATING	ROOF	OTHER
Loc. 1					
Loc. 2					
Loc. 3					

Adjacent Exposures:

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

GENERAL INFORMATION

Number of years in business at this location: _____

Total number of years experience: _____

Mortgage Yes No Mortgagee's Name: _____

Amount Outstanding: \$ _____

Yes/No [] Please explain: _____

COMMENTS:

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness _____ Date _____ Applicant's Signature _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.