

# 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
<b>BUILDING</b> _____ % Coinsurance	\$ _____	\$ _____	\$ _____
<b>BPP</b> _____ % Coinsurance	\$ _____	\$ _____	\$ _____
<b>BUS. INCOME</b> _____ % Coin. or _____ % Monthly	\$ _____	\$ _____	\$ _____
<b>SIGNS</b> (Describe):	\$ _____	\$ _____	\$ _____
<b>TOTAL LIMITS:</b>	\$ _____	\$ _____	\$ _____
<b>DEDUCTIBLES:</b>	<b>BUILDINGS - \$</b> _____	<b>BPP - \$</b> _____	<b>BUSINESS INCOME - \$</b> _____

**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
<b>CONSTRUCTION:</b>			
<b>AGE:</b>			
<b># OF STORIES:</b>			
<b>TOTAL SQ. FOOTAGE:</b>			
<b>PROTECTION CLASS:</b>			

**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: \$ \_\_\_\_\_

Any special hazards; i.e. cooking, flammables, woodworking, etc?  Yes  No If yes, 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.