

PRODUCER: _____ PHONE: _____ FAX: _____

APPLICANT NAME: _____

CONTACT: _____ PHONE: _____ YEARS IN BUSINESS: _____

MAILING ADDRESS: _____

DESCRIBE RISK: _____

ENTITY IS: INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER: _____

PRIOR CARRIER(S) AND DATE(S): _____

LOSS HISTORY: HAVE THERE BEEN ANY CLAIMS IN PAST 5 YEARS? YES NO
(IF YES PLEASE ATTACH 5 YEARS LOSS HISTORY & DETAIL IN COMMENTS BELOW) CLAIM DATE(S): _____

LIABILITY/COVERAGE LIMITS DESIRED: _____

PROPERTY / OTHER COVERAGE: (FOR ADDITIONAL BUILDINGS, PLEASE ATTACH SCHEDULE)

LOCATION #: _____ BUILDING #: _____ ADDRESS: _____

INTEREST OF APPLICANT: BUILDING OWNER OCCUPANT BUILDING OWNER-LESSOR

ITEM	AMOUNT	COINS	VALUE	DEDUCTIBLE	FORMS / CONDITIONS

PREMISES INFORMATION (MUST BE COMPLETED FOR EACH LOCATION):

CONSTRUCTION TYPE: _____ STORIES: _____ BASEMENTS: _____ PROTECTION CLASS: _____

BUILDING TOTAL AREA: _____ UNITS: _____ FIRE PROTECTION: _____ YEAR BUILT: _____

LIST OCCUPANTS: _____

IS A CENTRAL STATION ALARM IN OPERATION?: YES NO NAME COMPANY: _____

BUILDING UPGRADES: WIRE: _____ ROOF: _____ PLUMBING: _____ HEAT: _____ OTHER: _____

NEXT LOCATION #: _____ BUILDING #: _____ ADDRESS: _____

INTEREST OF APPLICANT: BUILDING OWNER OCCUPANT BUILDING OWNER-LESSOR

ITEM	AMOUNT	COINS	VALUE	DEDUCTIBLE	FORMS / CONDITIONS

PREMISES INFORMATION (MUST BE COMPLETED FOR EACH LOCATION):

CONSTRUCTION TYPE: _____ STORIES: _____ BASEMENTS: _____ PROTECTION CLASS: _____

BUILDING TOTAL AREA: _____ UNITS: _____ FIRE PROTECTION: _____ YEAR BUILT: _____

LIST OCCUPANTS: _____

IS A CENTRAL STATION ALARM IN OPERATION?: YES NO NAME COMPANY: _____

BUILDING UPGRADES: WIRE: _____ ROOF: _____ PLUMBING: _____ HEAT: _____ OTHER: _____

ARE COMMERCIAL TENANTS REQUIRED TO NAME APPLICANT AS ADDITIONAL INSURED: YES NO

ANY POOLS OR ADDITIONAL HAZARDS? (DESCRIBE BELOW): YES NO

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____