Agent Name: Agent Address: Contact: Phone #

Commercial Property Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Ар	plicant's Name	Agent
Ap	plicant Mailing Address	Applicant's Phone Number
		Web Address
		Inspection Contact
	pposed Policy Period to	Phone Number for Inspection Contact
Ар	plicant is 🗌 Individual 📋 Partnership 🔲 Corporation	Joint Venture Other
LO	CATION INFORMATION (If more than 3 locations, attach a DESCRIPTION OF OPER	a separate sheet) RATIONS – OCCUPANCY
Lo	cation #1	
	NERAL INFORMATION	
1.	Number of years in business at this location:	Total number of years experience:
2.	Mortgagee's Name:	🗌 N/A
	Amount Outstanding: \$	
3.	Any special hazards; i.e. cooking, flammables, woodworking	ng, etc? 🗌 Yes 🗌 No
	If yes, please explain:	
вu	ILDING INFORMATION	
/DI	and provide complete information for each insured leastion	Attack concrete about if according)

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
	Central Station	Central Station	Central Station
ALARM	🗌 Local	🗌 Local	🗌 Local
	□ None	□ None	□ None
	Roof	Roof	Roof
	Plumbing	Plumbing	Plumbing
YEAR OF LATEST UPDATE	Wiring	Wiring	Wiring
	Heating	Heating	Heating
	Other	Other	Other

ADJACENT EXPOSURES

	Right	Left	Front	Rear
Loc. 1				
Loc. 2				
Loc. 3				

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	%	\$			\$	\$	\$
BPP	%	\$	Basic	□ A.C.V.	\$	\$	\$
Business Income	% or Monthly Limit \$	\$	Basic Broad	☐ R.C. ☐ Market Value (Submit)	\$	\$	\$
SIGNS (DESCRIBE)					\$	\$	\$
TOTAL LIMITS	TOTAL LIMITS					\$	\$

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	Limits

PRIOR CARRIER HISTORY

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	Limits	PREMIUM

PRIOR LOSS INFORMATION

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	Reserve

Has the applicant been cancelled or non-renewed in the last three years?.....

If yes, Explain.

ADDITIONAL 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.

Producer's Signature

Date

Applicant's Signature

Date

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.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.