

PROPERTY INSURANCE APPLICATION

Complete One Per Location

Insured Information:

Insured Name:					
Mailing Address:					
City:		State:		ZIP:	
County:		Number of Years in Business:		Web:	
E-Mail:		Work:		Cell:	Fax:
Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC					

Physical Location: Same as Mailing Address

Address:		
City:	State:	ZIP:

Underwriting Information: Requested Effective Date: / /

Please describe business operations:			
Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal	Yr. Built:	# Stories:	Square Footage:
<i>If building is over 25 yrs. old provide year of updates for:</i>			
Heating:	Electrical:	Roof:	Plumbing:
Distance from Fire Station: Miles		Distance from Fire Hydrant: Feet	
Is the building Sprinklered (Fire Suppression System)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what percentage: %			
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what type? <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar			
If Central Station, what is the name of the alarm company?			
Have there been any bankruptcies, tax or credit liens against the applicant in the past 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other occupants in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe other business occupants:			
Is this Location a fulfillment center?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Property Located within 5 Miles of any coast?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage Information:

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

*** Business Income Coverage may require a Business Income Estimate Worksheet**

Lien Holders/Additional Insured's:

Name of Lien Holder/Additional Insured	Address	Relationship

Prior Carrier/Claims:

Current Insurance Carrier:		Number of Yrs. Insured:
Expiring Premium:	Have you had any claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes", please provide the following information:		
Date of Claim	Description	Amount of Loss

Do you use a fulfillment center? Yes No

If so, what is the maximum number of days any one item is stored there:

0-30 days 31-60 days 61+ days

Fulfillment Center Underwriting Information:

Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal	Yr. Built:	# Stories:	Square Footage:
<i>If building is over 25 yrs. old provide year of updates for:</i>			
Heating:	Electrical:	Roof:	Plumbing:
Distance from Fire Station:	Miles	Distance from Fire Hydrant:	Feet
Is the building Sprinklered (Fire Suppression System)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what percentage: %			
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what type? <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar			
If Central Station, what is the name of the alarm company?			
Are there other occupants in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe other business occupants:			
Is Property Located within 5 Miles of any coast?			<input type="checkbox"/> Yes <input type="checkbox"/> No

WARRANTY: I/We warrant to the Company, that I/ We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Signatures:

Insured Signature:	Title:
Printed Name:	Date: