



## Commercial Information Section

**APPLICANT'S NAME:** \_\_\_\_\_  
 \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGENCY:** \_\_\_\_\_  
**AGENT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Year business started:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Premises information:**

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

**5. Previous carrier and loss information (last five years):**

**Check if no losses last five years.**

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: \_\_\_\_\_  
(PRINT)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## COMMERCIAL PROPERTY SECTION

### 6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
<b>Loc #</b>	<b>BLD #</b>	<b>Mortgagee</b>		<b>Loss Payee</b>					

Construction type: \_\_\_\_\_ **Year of Updates:** \_\_\_\_\_  
 Protection class: \_\_\_\_\_ Wiring? Year: \_\_\_\_\_ Burglar alarm type:  Local  Central Station  
 Number of stories: \_\_\_\_\_ Heating? Year: \_\_\_\_\_ Fire alarm type:  Local  Central Station  
 Total square foot area: \_\_\_\_\_ Plumbing? Year: \_\_\_\_\_ Sprinklered?  Yes  No  
 Year built: \_\_\_\_\_ Roof? Year: \_\_\_\_\_ Operable Smoke Detectors?  Yes  No

### 7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
<b>Loc #</b>	<b>BLD #</b>	<b>Mortgagee</b>		<b>Loss Payee</b>					

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 Protection class: \_\_\_\_\_ Wiring? Year: \_\_\_\_\_ Burglar alarm type:  Local  Central Station  
 Number of stories: \_\_\_\_\_ Heating? Year: \_\_\_\_\_ Fire alarm type:  Local  Central Station  
 Total square foot area: \_\_\_\_\_ Plumbing? Year: \_\_\_\_\_ Sprinklered?  Yes  No  
 Year built: \_\_\_\_\_ Roof? Year: \_\_\_\_\_ Operable Smoke Detectors?  Yes  No



**HABITATIONAL SUPPLEMENTAL APPLICATION**

(Complete a supplement for each location in addition to the Acord Application)

Applicant Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Type of risk:

- Apartment     Apartment-Hotel     Garden Apartment     Hotel     Motel     Condominium Association
- Townhome Association     Homeowners' Association     Other: \_\_\_\_\_

Is there a developer involved with the risk?     Y     N    If "Yes", describe involvement:

Are animals permitted?     Y     N    If "Yes", describe species and breed:

**GENERAL PREMISES INFORMATION:**

Year Built _____	Years owned _____	Number of buildings _____
Year of Updates:    Roof _____	Construction _____	Roofing material _____
Plumbing _____	Number of stories _____	Total square feet _____
HVAC _____	Number elevators.* _____	
Electric _____	Type of wiring <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	
Fire divisions in buildings <input type="checkbox"/> Y <input type="checkbox"/> N	Number of divisions _____	Units per division _____

\*If any building has elevators, advise if current maintenance agreement in place.

**UNIT OCCUPANCY**

Total number of units \_\_\_\_\_    Any units owned by developer     Y     N    If "Yes" number of units: \_\_\_\_\_

Number owner occupied units: \_\_\_\_\_    Number tenant occupied units: \_\_\_\_\_    Average Occupancy % \_\_\_\_\_

Average Monthly Rents Per Unit: \_\_\_\_\_    Average Nightly Rents Per Room \_\_\_\_\_

% of units subsidized \_\_\_\_\_    % student renters \_\_\_\_\_

Rentals managed by:     Association \_\_\_\_%     Property Manager \_\_\_\_%     Individual Unit owner \_\_\_\_%

Manager on premise?     Y     N     N/A

Any units on time share?     Y     N    If "Yes", provide details, including number of units.

**LIFE SAFETY INFORMATION:**

Sprinklers		Smoke Detectors			Fire Extinguishers	
All Units	Common Areas	Each Unit	Hallways to Bedrooms	Hard Wired or Battery?	Common Areas	Each Unit
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**Security** Provided:  Y  N

**Patrol**  Y  N

Armed  Unarmed Days/week Contracted provide certs? Payroll for employed

Employed  Contracted \_\_\_\_\_  Y  N \$ \_\_\_\_\_

Gated Access  Y  N

How is access obtained?

Who is given access?

**Alarm System**  Y  N

In each Unit? Who monitors the alarm?

Y  N \_\_\_\_\_

**Doors and windows**

Peep holes in doors  Y  N Dead bolt locks on exterior doors  Y  N

Windows and balcony doors lock  Y  N

Sufficient outside egress in the event of an emergency  Y  N

**Multi-story risks**

Evacuation plan in place and posted  Y  N

Balconies above 3<sup>rd</sup> floor  Y  N

**RECREATIONAL FACILITIES**

Pools / Spas / Jacuzzis  N/A

Number of : Pools \_\_\_\_\_ Spas \_\_\_\_\_ Jacuzzis \_\_\_\_\_

Does each pool have:

Fence w/self-latching gate  Y  N Lifesaving equipment available  Y  N

Pool rules posted  Y  N Deep end roped off from shallow end  Y  N

Lifeguard(s)  Y  N Posted "Swim at your own risk"  Y  N

Underwater lighting  Y  N Hand rails at steps  Y  N

Depth clearly marked  Y  N Maximum depth \_\_\_\_\_

Diving Board(s)  Y  N Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Slide(s)  Y  N Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Who maintains the pool / spa / jacuzzi? \_\_\_\_\_

Lakes / Ponds  N/A

Number of Lakes/Ponds \_\_\_\_\_

Acreage \_\_\_\_\_

Fenced  Y  N

Fishing permitted  Y  N

Boating permitted  Y  N

Swimming beach  Y  N

Swimming area roped off  Y  N

Use rules posted  Y  N

Posted "Swim at your own risk"  Y  N

Lifeguard(s)  Y  N

Lifesaving equipment available  Y  N

Diving Board(s)  Y  N

Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Slide(s)  Y  N

Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Raft(s)  Y  N

Size: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Boat Docks  Y  N

Number: \_\_\_\_\_

Any of the following:

Ball diamonds # \_\_\_\_  Boat docks # \_\_\_\_  Playgrounds # \_\_\_\_  Sports courts # \_\_\_\_

Clubhouses, pavilions or other enclosed areas used for entertainment.  Y  N

If "Yes", provide details of activities, including hours of operation and square footage of the facility.

\_\_\_\_\_

### UTILITIES, STREETS, ROADS

Utilities are supplied by:  Public Utilities  Private Utilities

If private,  
describe: \_\_\_\_\_

Does applicant own streets or roads?  Y  N If "Yes", number of miles owned: \_\_\_\_\_

If "Yes", describe maintenance: \_\_\_\_\_

Comments:

\_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_