



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: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$		EMPLOYEE BENEFITS LIABILITY	\$	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$		DEDUCTIBLE PER CLAIM:	\$	
PERSONAL & ADVERTISING INJURY	\$		RETROACTIVE DATE:		
EACH OCCURRENCE	\$		NUMBER OF EMPLOYEES:		
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$				
MEDICAL EXPENSE (ANY ONE PERSON)	\$				

6. Does applicant subcontract work?..... Yes No
 If so, state type: _____
 What is the cost (labor & materials) of subcontracted work? \$_____
- Are Certificates of Insurance required from all subcontractors?..... Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE
<small>RATING AND PREMIUM BASIS (P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical) (C) TOTAL COST – PER \$1,000 / COST (U) UNIT – PER UNIT (S) GROSS SALES – PER \$1,000 / SALES (A) AREA – PER 1,000 / SQ FT (M) ADMISSIONS – PER 1,000 / ADM (T) OTHER</small>				

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				

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	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

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:

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		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
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 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No



LESSOR'S RISK APPLICATION SUPPLEMENT

1. Name of Applicant: _____

2. DBA/Named Insured(s): _____

3. Inspection Contact:	Name:
	Phone:
	Email:

4. Locations:

1	
2	
3	
4	
5	

General Information: Where appropriate, use **Y** (Yes) or **N** (No)

	1	2	3	4	5
Tenant Name					
Description of Operations					
Business Hours					
# Stories					
Square Footage					
Parking area (sq. ft.)					

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| a. Does the Insured occupy any scheduled location for any business purpose?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the Insured have an ownership interest in any tenant's businesses?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Lease:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Is a Lease Agreement executed with all tenant(s)? If yes: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does the Lease Agreement include Hold Harmless in favor of applicant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are the tenant(s) required to list the applicant as Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are the tenant(s) contractually required to maintain any part of the premises?
Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Safety and Security:

- | | | |
|--|--------------------------|--------------------------|
| a. Have any violent crimes been reported at any scheduled location? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the applicant, property manager or tenant(s) subcontract security guards?
If yes, is the applicant listed as an Additional Insured on their liability policy?
Are security guards armed? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

7. Property/Premises:	Yes	No
If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:		
a. Are certificates of insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are coverage limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Any ongoing or planned structural renovations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
In accordance with applicable building codes:		
a. Are heat and smoke detectors in all units?	<input type="checkbox"/>	<input type="checkbox"/>
If battery operated, are batteries replaced at least every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there fire extinguishers on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are sidewalks, driveways and parking lots regularly maintained with adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a central station fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>

8. History:

a. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years? Yes No

b. Have you had any prior losses due to mold, fire, water, weather, slip & fall? Yes No

If yes, explain: _____

c. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)

d. Does the applicant desire Assault or Battery coverage? Yes No

If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?
 Yes No If yes, provide details: _____

If "Yes" to any questions above, provide details: _____

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature	Date	
Producer Name and Address		