Surplus Insurance Brokers Agency Inc.



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Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

Commercial Information Section

	ANT'S NAME:			_	IE:			
	ED EFFECTIVE / EXI			EMAIL: PHONE:				
	n:	<u> </u>		_				
	12:01 A.M., Standard Time			DO NOT APPLY	, INDICAT	E "NOT APP	LICABLE."	
	nt is: θ Individua			-			y):	
Premise	s information:							
oc BLD # #	St	reet, City, Co	unty, State, Zi	p Code	C	City Limits	Interest	
						Inside	Owner	
						Outside	Tenant	
						Inside	Owner	
						Outside	Tenant	
						Inside	Owner	
						Outside	Tenant	
Previous	s carrier and loss	s information	(last five years):	o Ched	ck if no losse	es last five years.	
Year	Company Policy # Premium			Date of Loss	Losses Pa Reserve		Description of Loss	
ny other insu lease list nam	rance with this compa e[s] and/or policy numb	ny or being sub-ner[s]):	l nitted?	Any policy or co		ined, cancelled o	or nonrenewed during t	
				—				

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)	
PPODLICER'S SIGNATURE:		DATE:

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc#	BLD#	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	De	eductible	Occupied As
		Building	\$					\$		
		Contents	\$					\$		
		Business			1/3					
		Interruption	\$		1/4			\$		
		Building	\$		•			\$		
		Contents	\$					\$		
		Business Interruption	\$		1/3 1/4 1/6			\$		
		Other	\$		1/0			\$		
		Other	\$					\$		
		Otrici	\$					\$		
Loc#	BLD#	Mortgagee		ss Payee			l	Ψ		
`onstru	ction type	,	Year of U	ndates:						
	on class:					Burglar alar	rm tyne:		Local	Central Station
	of stories	<u></u>							Local	Central Station
						_ Fire alarm t				
Total square foot area:				Plumbing? Year: Sprinklered? Roof? Year: Operable Smoke De					Yes	No
		a Informatic	Roof?	real		_ Operable 3	Moke Detectors?		Yes	No
7. P	remise	s Informatio	on:	1 1			T		•	
7. P		Exposure	On: Amount Requested	Coins. %	Monthly Limitation	ACV/Repl.	Cause of Loss		eductible	Occupied As
7. P	remise	Exposure Building	Amount Requested	1 1	Monthly	ACV/Repl.	T	\$	•	
7. P	remise	Exposure Building Contents	On: Amount Requested	1 1	Monthly Limitation	ACV/Repl.	T		•	
7. P	remise	Exposure Building	Amount Requested	1 1	Monthly	ACV/Repl.	T	\$	•	
7. P	remise	Exposure Building Contents Business	Amount Requested \$	1 1	Monthly Limitation	ACV/Repl.	T	\$ \$ \$	•	
7. P	remise	Exposure Building Contents Business Interruption	Amount Requested \$ \$ \$	1 1	Monthly Limitation 1/3 1/4 1/6	ACV/Repl.	T	\$ \$	•	
7. P	remise	Exposure Building Contents Business Interruption Building	Amount Requested \$ \$ \$	1 1	Monthly Limitation	ACV/Repl.	T	\$ \$ \$	•	
7. P	remise	Exposure Building Contents Business Interruption Building Contents Business	Amount Requested \$ \$ \$ \$	I I	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/4	ACV/Repl.	T	\$ \$ \$ \$	•	
7. P	remise	Exposure Building Contents Business Interruption Building Contents Business Interruption	Amount Requested \$ \$ \$ \$ \$	I I	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/4	ACV/Repl.	T	\$ \$ \$ \$	•	
7. P	remise	Exposure Building Contents Business Interruption Building Contents Business Interruption Other	Amount Requested \$ \$ \$ \$ \$ \$ \$	I I	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/4	ACV/Repl.	T	\$ \$ \$ \$ \$	•	
. P	remise	Exposure Building Contents Business Interruption Building Contents Business Interruption Other Other	Amount Requested \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	I I	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/4	ACV/Repl.	T	\$ \$ \$ \$ \$	•	
Loc #	BLD#	Exposure Building Contents Business Interruption Building Contents Business Interruption Other Other Mortgagee	Amount Requested \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Year of U	Coins. % ss Payee pdates:	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/6	ACV/Repl. Cost	Cause of Loss	\$ \$ \$ \$ \$	eductible	Occupied As
Loc #	BLD# BLD# ction type on class:	Exposure Building Contents Business Interruption Building Contents Business Interruption Other Other Mortgagee	Amount Requested \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Year of U Wiring?	coins. % ss Payee pdates: Year	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/6	ACV/Repl. Cost Burglar alar	Cause of Loss	\$ \$ \$ \$ \$	Local	Occupied As Central Station
Loc # Constru Protection Number	BLD#	Exposure Building Contents Business Interruption Building Contents Business Interruption Other Other Mortgagee	Amount Requested \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Wiring? Heating?	coins. % ss Payee pdates: Year Year	Monthly Limitation 1/3 1/4 1/6 1/3 1/4 1/6 1/6	ACV/Repl. Cost	Cause of Loss	\$ \$ \$ \$ \$	eductible	

Roof?

Year: _____ Operable Smoke Detectors?

Year built:

COMMERICAL LIABILITY SECTION

LIMITS										
GENERAL AGGREGATE				\$		EMPLO				
PRODUCTS & COMPLETED OPERATIONS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) MEDICAL EXPENSE (ANY ONE PERSON)				<u> </u>			LE PER CLAIM: \$			
							TIVE DATE:			
				\$			NUMBER OF EMPLOYEES:			
				\$						
				\$						
6. Does a	pplicant subcor	ntract v	work?						🗌 Yes	☐ No
			terials) of subcontrac							
Are Ce	rtificates of Insu	ırance	required from all sub	ocontractors?					🗌 Yes	□ No
7. Descript	ion of Exposu	res:								
Location #				PREMIUM BASIS				Exposure		
						_				
RATING AND PRE	MIUM BASIS 5 – PER \$1,000 / SALES	3	(P) PAYROLL – PER \$1,000 (A) AREA – PER 1,000 / SQ		erical)	(C) TOTAL CO (M) ADMISSIO			(U) UNIT – PER UI (T) OTHER	NIT
•				11		(IVI) ADIVIISSIO	N3 - FER 1,00	JO / ADIVI	(I) OTHER	
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT INTEREST NAME AND ADDRESS			CERTIFICATE RE		CERTIFICATE REQUIR	FD	INTEREST IN ITEM NUMBER			
ADDITIONA	L INSURED							LOCATION:	BUILDING:	
WHAT IS THE REL		RED?								
BETWEEN INSURED & ADDITIONAL INSURED? INTEREST NAME AND ADDRESS					CERTIFICATE REQUIR	ED	INTEREST IN ITEM N	UMBER		
ADDITIONA	L INSURED				1			LOCATION:	BUILDING:	
									1	
WHAT IS THE REL	ATIONSHIP TD & ADDITIONAL INSU	RED?						ı		

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