

COMMERCIAL INSURANCE APPLICATION

General Information

	Full Name and Address of Business (Street, City, State, and Zip Code):
	Business Website
	Name, telephone number and E-mail address:
	Proposed Coverage Effective Date:
	Provide Detailed Description of Business Operations:

Required Underwriting Questions

1. Business Entity: Individual LLC Partnership Corporation Other _____
2. Year Business Established: _____
3. Do you own the building? _____ *If Yes- Building Value: \$ _____
4. If Building is leased, provide Landlord Information:
Full Name: _____
Address: _____
5. Business Personal Property/Contents Value: \$ _____
6. Year Building Was Constructed: _____
*If more than 25 years old, provide update year for:
Wiring _____ Plumbing _____ Roof _____ Heating _____
7. Construction of Building: Joisted Masonry Frame Masonry Non-Combustible
8. Square Footage Occupied: _____ Square Footage of Entire Building _____
Number of Stories in Building: _____
9. Is the building sprinklered? What percentage? _____
10. Does the building have a central alarm system? Yes No
11. Estimated Gross Annual Revenues: \$ _____
Estimated Annual Payroll \$ _____
Number of Employees _____
12. Number of Vehicles Titled by Business _____
13. Is the business currently insured? Yes No
If Yes- Provide the following:
Policy Expiration Date _____ Expiring Carrier _____
Expiring Premium \$ _____
14. Is Umbrella Liability Coverage desired? Yes No
15. General Liability/Property losses in the last 5 years? Yes No

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.***

X

Applicant Signature (must be signed in ink
by a Partner, Owner, or Officer)

X

Title

X

Date