



# Commercial Application

Applicant's Name, Address, City, State & Zip

Agent Name

Applicant Phone: \_\_\_\_\_  
Inspection Name/Local Caretaker: \_\_\_\_\_  
Inspection Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Personal Name (if different) and all owners names:

Agent Code: \_\_\_\_\_  
\_\_\_\_ Quote Only  
\_\_\_\_ Bound App Eff: \_\_\_\_' \_\_\_\_' to \_\_\_\_' \_\_\_\_'  
Policy Type: \_\_\_\_\_

## PROPERTY COVERAGE

Location Address: \_\_\_\_\_ Loc: \_\_\_\_\_ Bldg: \_\_\_\_\_

Protection: \_\_\_\_\_

Feet From Hydrant: \_\_\_\_\_ Miles from Fire Dept: \_\_\_\_\_ Fire District: \_\_\_\_\_

Construction: \_\_\_\_\_ (Metal buildings will be rated as frame)

Year of Construction: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_ Desc of Risk: \_\_\_\_\_

Basement: Occupancy \_\_\_\_\_ Area: \_\_\_\_\_

1st Floor: Occupancy \_\_\_\_\_ Area: \_\_\_\_\_

2nd Floor: Occupancy \_\_\_\_\_ Area: \_\_\_\_\_

3rd Floor: Occupancy \_\_\_\_\_ Area: \_\_\_\_\_

Building Coverage Limit: \$ \_\_\_\_\_

Deductible: \_\_\_\_\_

Valuation: \_\_\_\_\_

Form: \_\_\_\_\_

Contents Coverage Limit: \$ \_\_\_\_\_

Deductible: \_\_\_\_\_

Valuation: \_\_\_\_\_

Form: \_\_\_\_\_

Utility Updates (Please indicate year updated): \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing

Type of wiring: \_\_\_\_\_ Circuit Breakers \_\_\_\_\_ Fuses \_\_\_\_\_ # of Amps? \_\_\_\_\_

Type of Furnace: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

Mortgagee Name: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**For Additional Buildings/Locations attach a Separate Application.**

**OPTIONAL PROPERTY ENDORSEMENTS**

SF-43 – Loss of Earnings \$ \_\_\_\_\_ Each 30 days \_\_\_\_\_ Number of Months

SF-95A - Off Premises Power Failure (Automatically added for same coverage amount)

SF-44 – Extra Expense \$ \_\_\_\_\_

SF-46 – Loss of Rents \$ \_\_\_\_\_ Contribution Clause: \_\_\_\_\_

SF-133 – Business Property Off Premises: \$ \_\_\_\_\_ (\$1,000 coverage automatically added for vendors, refreshment stands)

Commercial Fire / SMP Extender Endorsements (Choose One): \_\_\_\_\_

SF-53 - Protective Safeguard Endorsement (Check all that apply)

Local Fire Alarm

Central Fire Alarm

Local Burglar Alarm

Central Burglar Alarm

Sprinkler System: \_\_\_\_\_ % of Building

**Must attach a copy of current alarm certificate/sprinkler inspection upon binding for credit to be applied**

SF-93 – Food Spoilage \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

SF-94A – Off Premises Power Failure (Automatically added for same coverage amount)

SF-79 – Glass Coverage (\$250 Deductible Applies) Description: \_\_\_\_\_

# of panes: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

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# of panes: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

SF-127 Loss Payee

Name: \_\_\_\_\_ Interest: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Misc Endorsement(S) Form #: \_\_\_\_\_ Coverage \$ \_\_\_\_\_

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**INLAND MARINE**

Complete the Inland Marine Supplement.

Note that MR-79 Tools & Equipment \$1,000 is automatically added for all contractors.

**LIABILITY COVERAGES AND OPTIONAL ENDORSEMENTS**

Coverage L – Bodily Injury & Property Damage: \_\_\_\_\_

Coverage M – Premises Medical Payments: \_\_\_\_\_

Form of Coverage: \_\_\_\_\_

Classification: \_\_\_\_\_ Code: \_\_\_\_\_ \$/Area: \_\_\_\_\_

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LS-44 Barber Shop & Beauty Shop: # of Beauty Shop Employees FT: \_\_\_\_\_ PT: \_\_\_\_\_ Manicurists: \_\_\_\_\_ Barbers: \_\_\_\_\_

LS-45 Clergyperson: # of clergypersons: \_\_\_\_\_

LS-46 Morticians: # of bodies: \_\_\_\_\_

LS-50 – Employee Non-Owned Auto

LS-50A Hired & Non-Owned Auto (not available with delivery operations)

LS-48 Fire Damage Legal \$ \_\_\_\_\_ (\$50,000 included in LS-6)

LS-26  Explosion Coverage  Underground Coverage  Collapse Coverage

LS-73 Assault/Battery Exclusion (*automatically applied to ALL taverns, will apply to restaurants with live entertainment*)

LS-59 Lead Exclusion (*automatically applied to ALL habitational risks*)

LS-76B Skin Care Exclusion (*automatically applied to all beautician & tanning operations*)

LS-70 Business Premises Exclusion other than Designated Premises (may apply to some risks)

**ADDITIONAL INSUREDS (Name & Address)**

1.

2.

Interest: \_\_\_\_\_

Interest: \_\_\_\_\_

Misc Endorsement(S) Form #: \_\_\_\_\_

Coverage \$ \_\_\_\_\_

Misc Endorsement(S) Form #: \_\_\_\_\_

Coverage \$ \_\_\_\_\_

Misc Endorsement(S) Form #: \_\_\_\_\_

Coverage \$ \_\_\_\_\_

**UNDERWRITING INFORMATION (CONTINUED) - REQUIRED TO PROCESS APPLICATION**

- A. Previous Carrier: \_\_\_\_\_ **\*\*ATTACH LOSS RUNS\*\***
- B. If none, why? \_\_\_\_\_
- C. Has any company cancelled, non-renewed or refused insurance ( including non-payment) for this applicant?  
     Yes      No      If yes, explain: \_\_\_\_\_
- D. Any losses in the past 3 years?      Yes      No  
     If yes, explain: \_\_\_\_\_
- E. Years in business? \_\_\_\_\_
- F. Any out of state exposure?    Yes      No    If yes, where? \_\_\_\_\_
- G. Does the insured have a website?    Yes      No    If yes, please provide: www. \_\_\_\_\_
- H. Exit signs?      Yes      No
- I. Are stairs and rails in good condition?      Yes      No
- J. Are sidewalks and parking lots in good repair?      Yes      No

**Habitational Questions**

Type of tenants in building: \_\_\_\_\_  
 Any Students, Senior Housing or Assisted Living facilities? \_\_\_\_\_  
 (If students, please attach student housing supplemental questionnaire)  
 Any of the following on premises?     Swimming Pool     Pond     Other water frontage exposure

**Agency Use: Attachments to Application**

- Photos #: \_\_\_\_\_       Student Housing Supplemental       Vacant Building Supplemental
- Inland Marine Supplemental       Beauty Shop Supplemental
- Tanning Bed Supplemental       Restaurant/Tavern Supplemental
- Contractors Underwriting Supplemental (Mandatory if using this application for a contractor)

For questions regarding this application, please contact Agency Service Representative:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**FAIR CREDIT REPORTING ACT NOTICE**

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

**INSURANCE FRAUD WARNING NOTICE**

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.

Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

- RATING SYSTEM CHECK: NAME/LOCATION/REFUSED       INSPECT
- IMAGERIGHT SEARCH       WAIVE INSPECTION
- WEB SEARCH

Underwriting Approval: \_\_\_\_\_



## Dryden Mutual Insurance Company

P.O. Box 635  
Dryden, New York 13053-0635  
607-844-8106 • 800-724-0560  
607-257-0312 (fax)

# Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa  MasterCard  *These are the only cards accepted.*

Credit Card #

Expiration Date     mm/yy Amount: \_\_\_\_\_

Billing Information as listed on the Credit Card

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Business

Existing Policy

Policy #: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Agency Name: \_\_\_\_\_

