



Commercial Application

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

Applicant Phone: _____

Inspection Name/Local Caretaker: _____

Inspection Phone: _____

Personal Name (if different) and all owners names: _____

Agent Name

Agent Code: _____

____ Quote Only

____ Bound App Eff: _____ to _____

Policy Type: Fire (Property Only)

Fire & Liability

Special Multi Peril

PROPERTY COVERAGE

Location Address: _____ Loc: _____ Bldg: _____

Protection: Highly Protected Protected Semi-Protected Unprotected

Feet From Hydrant: _____ Miles from Fire Dept: _____ Fire District: _____

Construction: Masonry Frame Fire Resistive (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: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Valuation: Replacement Cost (SF-27A) Actual Cash Value Flat - No Co-Insurance

Form: SF-1 - Basic SF-2 - Broad SF-3 - Special SF-5 - Fire & EC SF-6 - Fire Only

Contents Coverage Limit: \$ _____

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Valuation: Replacement Cost (SF-27A) Actual Cash Value Flat - No Co-Insurance

Form: SF-1 - Basic SF-2 - Broad SF-4 - Special SF-5 - Fire & EC SF-6 - Fire Only

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.

LIABILITY COVERAGES AND OPTIONAL ENDORSEMENTS

Coverage L – Bodily Injury & Property Damage

- \$ 100,000 Each Occurance / \$ 300,000 Aggregate
- \$ 300,000 Each Occurance / \$ 1,000,000 Aggregate
- \$ 500,000 Each Occurance / \$ 1,000,000 Aggregate
- \$ 1,000,000 Each Occurance / \$ 2,000,000 Aggregate

Coverage M – Premises Medical Payments

- \$ 1,000 Each Person / \$ 10,000 Each Accident
- \$ 1,000 Each Person / \$ 25,000 Each Accident
- \$ 1,000 Each Person / \$ 50,000 Each Accident
- \$ 5,000 Each Person / \$ 50,000 Each Accident

Form of Coverage: OL&T (LS-1) M&C (LS-3) CGL (LS-5) BF-CGL (LS-6)

Classification: _____ Code: _____ \$/Area: _____

Classification: _____ Code: _____ \$/Area: _____

Classification: _____ Code: _____ \$/Area: _____

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 - 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 (Y/N)? _____ If yes, explain: _____
- D. Any losses in the past 3 years (Y/N)? _____ If yes, explain: _____
- E. Years in business? _____
- F. Any out of state exposure (Y/N)? _____ If yes, where? _____
- G. Does the insured have a website (Y/N)? _____ If yes, please provide: www. _____
- H. Exit signs (Y/N)? _____
- I. Are stairs and rails in good condition (Y/N)? _____
- J. Are sidewalks and parking lots in good repair (Y/N)? _____

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: _____