



# COMMERCIAL POLICY APPLICATION

TODAY'S DATE _____	COVERAGE BOUND (only with preauthorization) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUOTE ONLY
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EFFECTIVE DATE _____	<input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL \$ (attached) _____
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OWNERSHIP  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER \_\_\_\_\_

<b>APPLICANT</b>	<b>AGENCY</b>
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APPLICANT NAME _____	AGENCY NAME _____
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DBA _____	AGENT NAME _____
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ADDRESS _____	TELEPHONE _____
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CITY _____	STATE _____	ZIP _____	AGENT NUMBER _____
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INSPECTION CONTACT _____	PHONE _____
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DESCRIBE THE TYPE OF BUSINESS OR PRODUCT MANUFACTURED _____ _____	IS BUSINESS CURRENTLY OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FULL TIME OPERATION <input type="checkbox"/> SEASONAL OPERATION
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LENGTH OF TIME IN BUSINESS _____	THIS LOCATION _____	IF LESSORS RISK, LIST OCCUPANCIES _____ _____ _____
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<b>CONSTRUCTION</b>		
<input type="checkbox"/> FRAME	<input type="checkbox"/> JOISTED MASONRY	<input type="checkbox"/> FIRE RESISTIVE
<input type="checkbox"/> MASONRY NONCOMBUSTIBLE	<input type="checkbox"/> NONCOMBUSTIBLE	
<input type="checkbox"/> OTHER _____		

<b>LOCATION OF PREMISES</b>
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STREET ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP _____	COUNTY _____	FP _____
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INTEREST IN PREMISES <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> OWNER NON-OCCUPANT <input type="checkbox"/> TENANT	AGE OF BUILDING _____	NUMBER OF FLOORS _____
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<b>FINANCIAL INFORMATION</b>
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HAS THERE BEEN A BANKRUPTCY OR TAX LIEN IN THE PAST FIVE YEARS?  YES  NO IF YES, EXPLAIN \_\_\_\_\_

<input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST LOAN/TRUST # _____ NAME(S) _____	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST LOAN/TRUST # _____ NAME(S) _____
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COMPLETE ADDRESS _____	COMPLETE ADDRESS _____
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CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____
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<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE INTEREST OF ABOVE _____ NAME(S) _____	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE INTEREST OF ABOVE _____ NAME(S) _____
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COMPLETE ADDRESS _____	COMPLETE ADDRESS _____
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CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____
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COMPLETE ADDRESS _____	COMPLETE ADDRESS _____
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CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____
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COMPLETE ADDRESS _____	COMPLETE ADDRESS _____
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**YEARS OF LAST UPDATES**

WIRING	HEATING	ROOF
ANY COOKING ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIQUOR SALES? <input type="checkbox"/> YES <input type="checkbox"/> NO _____%

ANY PAINTING, CUTTING, WELDING OR STORAGE OF FLAMMABLES ON PREMISES?  
 YES  NO IF YES, DESCRIBE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROTECTIVE DEVICES**

AUTOMATIC SPRINKLERS  CENTRAL STATION ALARM  SMOKE ALARMS  LOCAL BURGLAR ALARM  UL 300 FIRE SUPPRESSION SYSTEM

**ADJACENT/ABUTTING EXPOSURES**

SIDE \_\_\_\_\_ SIDE \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_

**PROPERTY COVERAGES, LIMITS AND PERILS**

BUILDING	AMOUNT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
2 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
3 <input type="checkbox"/> ACV <input type="checkbox"/> RC				

CONTENTS	AMOUNT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
2 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
3 <input type="checkbox"/> ACV <input type="checkbox"/> RC				

**INCOME**

AMOUNT	LIMITATION	CO INS	<input type="checkbox"/> EARNINGS (CP60) <input type="checkbox"/> EXTRA EXPENSE (CP69) <input type="checkbox"/> COMBINATION (CP70)
\$		%	<input type="checkbox"/> ALS 3 MONTH (CP70-A) <input type="checkbox"/> ALS 4 MONTH (CP70-B) <input type="checkbox"/> ALS 6 MONTH (CP70-C)

<b>RENT</b>	<b>FOOD SPOILAGE</b>	<b>RESTAURANT EXTENSION</b>
AMOUNT AT 100%	UNITS	CP-999 <input type="checkbox"/> YES <input type="checkbox"/> NO \$250 DEDUCTIBLE
	\$	
	\$ _____ DEDUCTIBLE	

<b>SIGNS</b>	<b>GLASS</b>
DEDUCTIBLE	LINEAR FEET _____ <input type="checkbox"/> SCHEDULE ATTACHED \$ _____ Ded.

<b>CRIME</b>	OFF	DEDUCTIBLE (MIN \$250)	EMPLOYEE DISHONESTY	NUMBER OF EMPLOYEES
ON		\$	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	

ANY SPORTS ACTIVITIES SUCH AS VOLLEYBALL, HORSESHOES, ETC.  
 YES  NO

ANY LIVE ENTERTAINMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN	HOW MANY NIGHTS A WEEK?	DANCE FLOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**LIABILITY — GENERAL AGGREGATE LIMIT 1,000,000**

<input type="checkbox"/> GL 600 (PREMISES ONLY-LESSORS RISK) <input type="checkbox"/> GL 100 <input type="checkbox"/> GL 300 OCP	OCCURRENCE LIMIT <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 (\$2,000,000 General Aggregate Limit)
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MEDICAL PAYMENTS (\$1,000 INCLUDED) INCREASE TO \$	FIRE LEGAL LIABILITY (\$50,000 INCLUDED) INCREASE TO \$	PRODUCT LIABILITY? <i>Aggregate is always the same as occurrence.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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ANNUAL SALES RETAIL _____% WHOLESALE _____% PAYROLL \$ _____	# OF OWNERS _____	# OF EMPLOYEES _____
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PERSONAL INJURY — SAME OCCURRENCE LIMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	HIRED AND NON-OWNED AUTO—SAME OCCURRENCE LIMIT <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Not available if delivery is provided or if there are owned or valet autos</i>	LIQUOR LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO
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TOTAL SQUARE FEET OF BUILDING	SQUARE FEET OCCUPIED	PARKING FACILITIES PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	SQUARE FEET
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PREVIOUS CARRIER	PREMIUM \$
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LOSSES IN THE PAST FIVE YEARS?  
 YES  NO IF YES, PLEASE ATTACH EXPLANATION

Applicant's Signature \_\_\_\_\_ Agent's Signature \_\_\_\_\_