

Commercial Property / Casualty Application (Basic)

Date Quotation Required

Broker:					Broker Number:				
Name of Insured:									
Principal(s):									
Postal Address:					Location Address, if other than Postal Address:				
Policy Period:	Day	Month	Year	To	Day	Month	Year	12:01 A.M. Standard Time at the Postal Address of the Named Insured	

Number of Loss Payees / Mortgagees: _____		(full details will be required prior to binding coverage)	
Business of the Insured (include all operations):		Estimated Annual Receipts (give split for all operations):	

Construction		
Year built: (25+ years old, list upgrade year) Electric: Plumbing:	No. of Stories:	Walls:
Floors:	Roof: Replaced? Year:	Area - Total Building: Area - Insured's portion:

Protection (Municipal)	
Distance to nearest responding Fire Dept.:	No. of Hydrants within 155 Meters (508 Ft.):

Protection (Premises - Alarms, etc.)	
Fire : <input type="checkbox"/> Alarm - Central <input type="checkbox"/> Alarm - Local <input type="checkbox"/> Watchman - 24 hrs. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Sprinklered -Central <input type="checkbox"/> Sprinklered - Local <input type="checkbox"/> No Protection	Theft : Alarm (Central - DIVAC) <input type="checkbox"/> Alarm (Central) <input type="checkbox"/> Alarm (Monitoring Stn) <input type="checkbox"/> Alarm (Central Monitoring Stn) <input type="checkbox"/> Alarm (Local) <input type="checkbox"/> Watchman (24 Hrs.) <input type="checkbox"/> Metal Bars <input type="checkbox"/> None

Occupancy Details	
By Insured:	By other than Insured:

Exposing Buildings (within 15.24 meters / 50 feet):	
Side: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> None Distance _____ <input type="checkbox"/> Feet <input type="checkbox"/> Meters <input type="checkbox"/> Yards	Side: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> None Distance _____ <input type="checkbox"/> Feet <input type="checkbox"/> Meters <input type="checkbox"/> Yards

The interest of the Insured in the Premises is <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/> Trustee	
How long has Insured been in business? _____ Years If new venture, how many years experience does Principal have in this field?	
Is this new business to your office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of present Insurer:	Loss or Claims during the past 5 years:

Has any Insurer declined or cancelled any coverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details:

Comments:	

_____	_____
Date	Signature of Insured

Coverage Details - Location #1

PROPERTY, GLASS OR BLANKET BREAKDOWN

COVERAGE	FORM NUMBER	CO-INS %	DEDUCTIBLE \$	LIMIT OF INSURANCE \$	RATE \$	PREMIUM \$
Building <input type="checkbox"/> Named Perils						
Equipment <input type="checkbox"/> Named Perils						
Stock <input type="checkbox"/> Named Perils						
Bus. Int:						
Inland Marine:						
Endorsements:						

CRIME

COVERAGE	FORM NUMBER	DEDUCTIBLE OR RETAINED LIMIT \$	LIMIT OF INSURANCE \$	RATE \$	PREMIUM \$
Insuring Agreements	I - Employee Dishonesty <input type="checkbox"/> A <input type="checkbox"/> B				
	II - Loss Inside Premises				
	III - Loss Outside Premises				
	IV - Money Orders and Counterfeit Papers				
	V - Depositors Forgery				
Interior Messenger & Paymaster					
Endorsements:					

LIABILITY

COVERAGE	FORM NUMBER	DEDUCTIBLE OR RETAINED LIMIT \$	LIMIT OF INSURANCE \$	RATE \$	PREMIUM \$
Commercial General Liability Each Occurrence					
Aggregate					
Personal Injury					
Medical Expenses					
Tenants' Legal Liability					
Endorsements :					
Commercial Umbrella Liability Each Occurrence					
Aggregate					
Endorsements:					

Comments:	Premium - Location 1	\$
	Additional Location(s)	\$
	Premium (attach apps.)	\$
	TOTAL PREMIUM PAYABLE	\$

Additional Location Details - Location # _____

Name of Insured (if different than at Location #1) :							
Postal Address:			Location Address, if other than Postal Address:				
Number of Loss Payees / Mortgagees:			(full details will be required prior to binding coverage)				
Business of the Insured (include all operations):			Estimated Annual Receipts (give split for all operations):				
Construction							
Year built: (25+ years old, list upgrade year) Electric Plumbing		No. of Stories:		Walls:			
Floors:		Roof: Replaced? Year:		Area - Total Building: Area - Insured's portion:			
Protection (Municipal)							
Distance to nearest responding Fire Department:			No. of Hydrants within 155 Meters (508 Ft.):				
Protection (Premises - Alarms, etc.)							
Fire : <input type="checkbox"/> Alarm - Central <input type="checkbox"/> Alarm - Local <input type="checkbox"/> Watchman - 24 hrs. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Sprinklered -Central <input type="checkbox"/> Sprinklered - Local <input type="checkbox"/> NO PROTECTION			Theft : Alarm (Central - DIVAC) <input type="checkbox"/> Alarm (Central) <input type="checkbox"/> Alarm (Monitoring Stn) <input type="checkbox"/> Alarm (Central Monitoring Stn) <input type="checkbox"/> Alarm (Local) <input type="checkbox"/> Watchman (24 Hrs.) <input type="checkbox"/> Metal Bars <input type="checkbox"/> NONE				
Occupancy Details							
By Insured:			By other than Insured:				
Exposing Buildings (within 15.24 meters / 50 feet): Side: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> None Side: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> None Distance _____ <input type="checkbox"/> Feet <input type="checkbox"/> Meters <input type="checkbox"/> Yards Distance _____ <input type="checkbox"/> Feet <input type="checkbox"/> Meters <input type="checkbox"/> Yards							
The interest of the Insured in the Premises is <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/> Trustee							
PROPERTY, GLASS OR BLANKET BREAKDOWN							
COVERAGE		FORM NUMBER	CO-INS %	DEDUCTIBLE \$	LIMIT OF INSURANCE \$	RATE \$	PREMIUM \$
Building <input type="checkbox"/> Named Perils							
Equipment <input type="checkbox"/> Named Perils							
Stock <input type="checkbox"/> Named Perils							
Bus. Int.:							
Endorsements:							
CRIME							
COVERAGE		FORM NUMBER	DEDUCTIBLE OR RETAINED LIMIT \$	LIMIT OF INSURANCE \$	RATE \$	PREMIUM \$	
Insuring Agreements	I - Employee Dishonesty <input type="checkbox"/> A <input type="checkbox"/> B						
	II - Loss Inside Premises						
	III - Loss Outside Premises						
	IV - Money Orders and Counterfeit Papers						
	V - Depositors Forgery						
Interior Messenger & Paymaster							
Endorsements:							
LIABILITY							
Comm. Gen. Liab.- Add'l Loc. charge			Limits and Deductible - As per Location #1				
					Total Premium for this Location	\$	
Comments							