



**ALASKA**COMMERCIAL  
INSURANCE BROKERS

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## Commercial Property Application

### BUSINESS INFORMATION

Business Name:		
Phone:	Fax:	
Email:	Website:	
Mailing Address:		
City:	State:	Zip:
Year Established:	Structure:	
Description of Operations:		

### PRINCIPAL INFORMATION

First Name:	M.I.:	Last Name:
Phone:	Email:	
Mailing Address:		
City:	State:	Zip:

### INSURANCE INFORMATION

Proposed Effective Date:	Previous Carrier:	
Policy Number:	Any Prior Lapse of Coverage: <input type="radio"/> No <input type="radio"/> Yes	
Prior Losses (if any)	Date	Amount of Loss

**SIGNATURE:**

**DATE:**

## PROPERTY SCHEDULE

Property Description:		Address:	
City:	State:	Zip:	
Year Built:	Square Footage:	Number of Stories:	
Framing Type:		Roof Type:	
Wiring Type:		Heating System Type:	
Security Alarm Installed:      Yes      No		Alarm Monitoring Company:	
Fire Alarm Installed:      Yes      No		Sprinklers Present:      Yes      No	
Smoke Detectors Hard Wired:      Yes      No		CO2 Detectors Installed:      Yes      No	
Closest Fire Station:      Miles		Nearest Fire Hydrant:      Feet	
Update Type	Description	Year	Estimated Value
Electrical:			
Plumbing:			
Heating:			
Roofing:			
Replacement Value/Coverage Limit:		Deductible Requested:	
Lender Name:		Address:	
City:	State:	Zip:	
Loan Number:		Amount:	

## ADDITIONAL REQUESTS OR COMMENTS

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*For additional buildings, please complete a new Property Schedule.*