



Commercial Property Application

Business Information

Business Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Established: _____ Structure: _____ FEIN Number: _____

Email: _____ Website: _____

Description of operations: _____

Principal Information

First Name: _____ Middle Initial: _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____ SSN: _____

Email: _____

Insurance Information

Proposed Effective Date: _____ Previous Carrier: _____

Policy Number: _____ Any Prior Lapse of Coverage: Yes No

Prior Losses if Any	Date	Amount of Loss
-----	-----	-----
-----	-----	-----
-----	-----	-----

Property to be Insured

Address:_____ City:_____ State:_____ Zip:_____

Year Built:_____ Alarm Installed: Yes No Square Footage: _____

Fire Protection System: Yes No Sprinklers: Yes No Framing Type:_____

Type of Roof:_____ Type of Wiring:_____

Type of Heating System:_____ Number of Stories:_____

Smoke Detectors Hard Wired: Yes No CO2 Detectors Installed: Yes No

Closest Fire Station:_____ Distance from Fire Hydrant:_____

List Updates or Renovations	Date	Value
-----------------------------	------	-------

Replacement Value of Property:_____

Coverage Limits

Limit Requested:_____ Deductible Requested:_____

Optional coverages: General Liability Business Personal Property Business Income

Lender Information (if applicable)

Lender Name:_____ Loan Number:_____ Amount:_____

Address:_____ City:_____ State:_____ Zip:_____

Additional Insureds Requested

Signature:_____

Date_____