



**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:	Federal EIN/Tax ID:
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:      No    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:	No Yes	Alarm monitoring company:	
Fire alarm installed:	No Yes	Sprinklers Present: No Yes	
Smoke detectors hard wired:	No Yes	CO2 detectors installed: No Yes	
Closest fire station:	Miles	Nearest fire hydrant: Feet	
<b>Update Type</b>	<b>Description</b>	<b>Year</b>	<b>Estimated Value</b>
Electrical:			
Plumbing:			
Heating:			
Roofing:			
Replacement value/coverage limit:		Deductible Requested:	
Lender Name:		Address:	
City:	State:	Zip:	
Loan Number:		Amount:	

**ADDITIONAL REQUESTS OR COMMENTS**

*For additional buildings, please print a blank page and complete a new Property Schedule form.*