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ALASKACOMMERCIAL
INSURANCE BROKERS

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
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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 _____