



**PROPERTY SUPPLEMENTAL**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**MINIMUM 90% CO-INSURANCE APPLIES TO ALL PROPERTY COVERAGE**

**Location #:** \_\_\_\_\_ **Building #:** \_\_\_\_\_

<b>Street Address:</b> _____						<input type="checkbox"/> Own <input type="checkbox"/> Lease
<b>City:</b> _____		<b>State:</b> _____		<b>Zip:</b> _____		
COVERAGE	AMOUNT	VALUATION / MO. LIMITATION	CAUSES OF LOSS	INFL %	PROPERTY DEDUCTIBLE	<input type="checkbox"/> WITH THEFT <input type="checkbox"/> EXCLUDE THEFT Central alarm required for theft coverage
REAL PROPERTY	\$	RC	SPECIAL	%	<input type="checkbox"/> \$500	
BUSINESS PERSONAL PROPERTY	\$	RC	SPECIAL		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
BUSINESS INCOME	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL	<input type="checkbox"/> WITH EXTRA EXPENSE		
LOSS OF RENTS	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL			
<input type="checkbox"/> INCLUDE PROPERTY ENHANCEMENT ENDORSEMENT (Additional \$250)						

**Separate Wind/Hail Deductible If Applicable:** Real Property: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_  Exclude Wind/Hail

YEAR BUILT: _____	# STORIES: _____	SQ. FEET: _____	AVG. HEIGHT: _____
FOUNDATION SHAPE: _____		TYPE OF BUSINESS: _____	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			ROOF SURFACE TYPE: _____
HEATING SYSTEM SOURCE: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Wood Pellet <input type="checkbox"/> None <input type="checkbox"/> Other:			
DISTANCE FROM: Hydrant (ft.): _____		Fire Department (mi.): _____	
YEAR BUILDING LAST UPDATED: _____	Wiring: _____	Roofing: _____	Plumbing: _____ Heating: _____
EXPOSURES: Left: _____		Right: _____	Rear: _____
BURGLAR ALARM: <input type="checkbox"/> None <input type="checkbox"/> Local burglar alarm <input type="checkbox"/> Monitored central reporting alarm			SERVICED BY: _____
FIRE DETECTION / PROTECTION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other:			

**Location #:** \_\_\_\_\_ **Building #:** \_\_\_\_\_

<b>Street Address:</b> _____						<input type="checkbox"/> Own <input type="checkbox"/> Lease
<b>City:</b> _____		<b>State:</b> _____		<b>Zip:</b> _____		
COVERAGE	AMOUNT	VALUATION / MO. LIMITATION	CAUSES OF LOSS	INFL %	PROPERTY DEDUCTIBLE	<input type="checkbox"/> WITH THEFT <input type="checkbox"/> EXCLUDE THEFT Central alarm required for theft coverage
REAL PROPERTY	\$	RC	SPECIAL	%	<input type="checkbox"/> \$500	
BUSINESS PERSONAL PROPERTY	\$	RC	SPECIAL		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
BUSINESS INCOME	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL	<input type="checkbox"/> WITH EXTRA EXPENSE		
LOSS OF RENTS	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL			

**Separate Wind/Hail Deductible If Applicable:** Real Property: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_  Exclude Wind/Hail

YEAR BUILT: _____	# STORIES: _____	SQ. FEET: _____	AVG. HEIGHT: _____
FOUNDATION SHAPE: _____		TYPE OF BUSINESS: _____	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			ROOF SURFACE TYPE: _____
HEATING SYSTEM SOURCE: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Wood Pellet <input type="checkbox"/> None <input type="checkbox"/> Other:			
DISTANCE FROM: Hydrant (ft.): _____		Fire Department (mi.): _____	
YEAR BUILDING LAST UPDATED: _____	Wiring: _____	Roofing: _____	Plumbing: _____ Heating: _____
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BURGLAR ALARM: <input type="checkbox"/> None <input type="checkbox"/> Local burglar alarm <input type="checkbox"/> Monitored central reporting alarm			SERVICED BY: _____
FIRE DETECTION / PROTECTION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other:			

**EMPLOYEE TOOLS** (Company owned tools belong in Business Personal Property limit)

EMPLOYEE'S NAME	TOOL VALUE
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
\$1,000 Maximum Limit for any one tool unless individually scheduled. (Attach Acord 146 if needed) <b>DEDUCTIBLE SAME AS REAL AND BUSINESS PERSONAL PROPERTY</b>	
	\$

**FOR ADDITIONAL COVERAGES, ATTACH THE APPROPRIATE ACORD APPLICATION:**

- |   |                            |
|---|----------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS (ACORD 145) | DETACHED SIGNS (ACORD 144) |
| ELECTRONIC DATA PROCESSING (ACORD 148)            | CRIME (ACORD 141)          |

**ADDITIONAL INTERESTS**

LOC #	BLDG #	OWNERSHIP TYPE	NAME	ADDRESS
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

**LIST ALL PROPERTY, CRIME AND INLAND MARINE LOSSES IN LAST 4 YEARS**

DATE OF LOSS	DESCRIPTION OF LOSS	LOSS AMOUNT	STATUS
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

- Are any portions of these buildings under construction, improvement or remodeling? .....  Yes  No  
If yes, list and describe: \_\_\_\_\_
- Are any portions of these buildings in need of repairs? .....  Yes  No  
If yes, list and describe: \_\_\_\_\_
- Do these buildings have a basement? .....  Yes  No
- Have you had a commercial property foreclosure, repossession, or bankruptcy during the last five years? .....  Yes  No

**REMARKS**


Insurance Applicant Agreement: I have reviewed all pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_