



- Package
- Liability Only
- Property Only

Commercial Application

Date: _____

Agency Name: _____

SIU Producer # : _____

Company Name: _____ Effective Date: _____

DBA: _____

Business Phone: _____ Cell: _____ Contact: _____

E-Mail Address: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Insured is: Corporation Partnership Individual Other: _____

Is the building? Owned Leased If owned, what % is occupied by the owner: _____

No. of Years in Business: _____ Years Experience in this Industry: _____

Bankruptcy or Foreclosures over the past 5 years: Yes No

Total Annual Gross Receipts/Sales: \$ _____ Total Number of Employees: _____

Federal ID Number: _____

Number of Owners: _____ Total Employee Payroll \$ _____

Complete Description of Operations / **Include any new services being provided**:

IMPORTANT to list all services provided so the proper classes are listed on policy

Property Section

Construction: Frame Joisted Masonry Non-Combust Masonry MNC

Year Built: _____ Total Square Foot Area: _____ No. of Stories: _____

Year Wiring Updated/installed: _____ Year Plumbing Updated/installed: _____

Year Heating Updated/installed: _____ Year Roof Updated/installed: _____

Sprinkler system throughout entire structure? Yes No Fire Extinguisher on Premises: Yes No

Less than 1,000 Feet to Pressurized Hydrant Yes No Protection Class: _____

Burglar Alarm Type: Local Central Direct % of Building vacant: _____

Fire Alarm Type: Local Central Direct Hardwire Battery

Liability Limits (per Occurrence)

Each Occurrence \$ _____

General Aggregate (other than Products/Completed Operations) \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury (Any one person or organization) \$ _____

Damage to Premises Rented to You (Any one Premises) \$ _____

Medical Expense (Any One Person) \$ _____

Umbrella policy needed ? Yes No If yes, give Limit \$ _____

Property Limits/Coverage

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) _____ \$ _____

Crime Coverage: Emp Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ _____

Equipment Breakdown Coverage Desired? Yes No

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

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Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____

Annual Cost of Hire: _____ No. of Drivers: _____ Delivery Provided? Yes No

Owned Autos

Liability Coverage? Yes No Physical Damage Coverage? Yes No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment and Tools (additional equipment submit on schedule)

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____