

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____

Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

Property Questionnaire

1. Describe property covered: _____

(Please attach property schedule if applicable)

2. Is the property of a mobile nature? ☐ Yes ☐ No

If Yes, please describe territory where property will be covered: _____

3. If property is of a mobile nature, please describe the method of transportation:

☐ Common Carrier ☐ Owned Vehicle ☐ Contract Carrier ☐ Other: _____



4. Is the property at a designated scheduled premises?

☐ Yes ☐ No

If Yes, please provide information below:

LOC #	LOCATION ADDRESS	LIMIT
1		
2		
3		
4		
5		

LOC #	CONSTRUCTION TYPE	PUBLIC PROTECTION CLASS	SPRINKLERED	SECURITY INFO
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR CARRIER INFORMATION

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____