

BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM:	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			PHONE:		
BUSINESS OF INSURED (DESCRIBE):					

LOC# _____ **BUILDING#** _____

STREET:		CITY:		COUNTY:		STATE: FL	ZIP:
Exposure	Limit	Coins %	Valuation		Deductible		
Building	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$ ___ AOP	<input type="checkbox"/> Wind Excluded
Business Personal Property	\$		ACV		___% wind	\$ ___ AOP	<input type="checkbox"/> Wind Excluded
Business Income w/ee	\$	None	Monthly Limit of Indemnity		<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Outdoor Signs	\$ Deductible 5% all perils - Subject to Minimum Deductible \$1,000						
	Yes	No	Distance to responding fire station:			Distance to fire hydrant:	
Smoke alarm in each unit?			Construction:			Protection Class:	
Fire Alarm?			Year Built:			Square Footage:	
Fire extinguishers in common areas?			No. Stories:			No. Rooms/Units:	
			Building updates (include year):				
			Wiring?	<input type="text"/>	Plumbing?	<input type="text"/>	
			Heating?	<input type="text"/>	Roof?	<input type="text"/>	
CAUSES OF LOSS - Building							
<input type="checkbox"/> Basic		<input type="checkbox"/> Broad		<input type="checkbox"/> Special			
CAUSES OF LOSS - Business personal property							
<input type="checkbox"/> Basic		<input type="checkbox"/> Broad					
<input type="checkbox"/> Special Excluding Theft							

MORTGAGE / LOSS PAYEE	
Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

LOC# _____ BUILDING# _____

STREET:		CITY:		COUNTY:		STATE: FL		ZIP:	
Exposure	Limit	Coins %	Valuation		Deductible				
Building	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded		
Business Personal Property	\$		ACV		___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded		
Business Income w/ee	\$	None	Monthly Limit of Indemnity		<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6		
Outdoor Signs	\$ Deductible 5% all perils - Subject to Minimum Deductible \$1,000								
	Yes	No	Distance to responding fire station:			Distance to fire hydrant:			
Smoke alarm in each unit?			Construction:			Protection Class:			
Fire Alarm?			Year Built:			Square Footage:			
Fire extinguishers in common areas?			No. Stories:			No. Rooms/Units:			
			Building updates (include year):						
			Wiring?			Plumbing?			
			Heating?			Roof?			
CAUSES OF LOSS - Building									
<input type="checkbox"/> Basic			<input type="checkbox"/> Broad			<input type="checkbox"/> Special			
CAUSES OF LOSS - Business personal property									
<input type="checkbox"/> Basic			<input type="checkbox"/> Broad						
<input type="checkbox"/> Special Excluding Theft									

MORTGAGE / LOSS PAYEE	
Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

YOUR OPTION TO EXCLUDE WINDSTORM COVERAGE

IF THE POLICYHOLDER IS OTHER THAN A NATURAL PERSON (example: corporation, partnership, LLC), Florida law requires that an insurer issuing a property insurance policy must make available, at the option of the policyholder, an exclusion of windstorm coverage. Coverage may be excluded **only if you provide to the insurer ("us") the following statement ON YOUR LETTERHEAD**, dated and signed by you or your authorized representative. The exclusion of coverage applies for the term of the policy and for each renewal thereafter; changes to the exclusion may be implemented only as of the date of renewal.

Use the following text in your statement to us, with the addition of the information described in the underlined parentheses.

(Name of business entity) does not want the insurance on its (identify structure(s)) to pay for damage from windstorms. (Name of business entity) will be responsible for these costs. (Name of business entity's) insurance will not.

(Name of business entity) understands and agrees that the exclusion pertains to any windstorm, including hurricane, and to hail; and also understands and agrees that if the property insurance policy covering the structure(s) identified above also provides other property coverages (such as coverage for contents or business interruption), **the exclusion will also apply to all such property and coverages in accordance with the terms of the exclusion.**

IF THE POLICYHOLDER IS A NATURAL PERSON, Florida law requires that you be offered the option of excluding windstorm coverage, including hurricane coverage. It is important for you to understand the following.

If you choose this option:

- We will NOT cover loss to any of your real or personal property arising out of windstorm or hail, including hurricanes.
- You must provide to us, in your own handwriting, the statement shown below that indicates you choose to exclude coverage for all loss arising out of windstorm or hail, including hurricanes, under your policy.
- Your handwritten statement must be signed and dated by you and every other Named Insured shown on the policy Declarations page.
- Your insurer or agent can provide you with information as to how much you will save on your policy premium by excluding coverage for loss arising out of windstorm or hail.

"I do not want the insurance on my (specify type of property) to pay for damage from windstorms. I will pay those costs. My insurance will not."

Named Insureds' handwritten statement for the exclusion of windstorm coverage:

SIGNATURE OF NAMED INSURED _____ DATE _____

SIGNATURE OF NAMED INSURED _____ DATE _____

IMPORTANT NOTICE - MORTGAGEHOLDER AND/OR LIENHOLDER APPROVAL REQUIRED

If a structure(s) to which the windstorm exclusion is to apply is subject to a mortgage or lien, you must also provide to us a written statement from the mortgageholder and/or lienholder indicating that the mortgageholder and/or lienholder approves your election to exclude windstorm coverage on that structure(s), and that it is understood that the exclusion pertains to any windstorm, including hurricane, and to hail.

COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	
General Aggregate	\$	
Products and Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	
Each Occurrence	\$	
Damage to Rented Premises (each occurrence)	\$	← MAX LIMIT AVAILABLE \$50,000
Medical Expense (any one person)	\$	← MAX LIMIT AVAILABLE \$1,000/10,000

SCHEDULE

Classification	Class Code	Premium Basis Sales
		\$
		\$
		\$
		\$
		\$

BUSINESS INFORMATION

	Yes	No
Swimming pool?		
Life safety equipment available at pool site?		
Diving boards?		
Slides?		
Is the pool completely surrounded by a building, wall, or fence?		
Are gates or door openings into the pool area equipped with a self-closing and self-latching device?		
Are the depth markings clearly shown?		
Are warning signs and rules posted and clearly visible?		
Is the pool maintained by applicant?		
Is the pool maintained by outside contractor?		
On/Off switch to pump clearly and conspicuously labeled, and location of pump clearly identified?		
Proper suction drain covers installed?		
Boat docks or slips?		
Lake?		
Playgrounds?		
Saunas/hot tubs?		
Sports courts (tennis, basketball, volleyball, etc.)?		
Security guards?		
Room doors have viewing devices (peep holes)?		
Room doors have deadbolt locks and door chains?		
Adjoining room doors have deadbolt locks?		
Sliding glass doors have security bars or poles within door tracks?		
Do rooms contain security instructions for guests?		
Do any units contain kitchenettes?		
Any units rented for less than 24 hours?		
Restaurant?		
Is restaurant owned or operated by others?		
Is there an Ansul System?		
Is restaurant sprinklered?		
Ansul System service agreement in place?		

ADDITIONAL INSURED EXPLAIN INTEREST

NAME: ADDRESS:	SPECIFY INTEREST:
NAME: ADDRESS:	SPECIFY INTEREST:

Agent to provide company with a copy of each certificate of insurance issued

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is
 Bound effective _____(Time) _____(Date) Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ **DATE** _____
PRODUCER'S SIGNATURE _____ **DATE** _____