



BROKERING AGENT'S REGISTER NUMBER #:

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

COMMERCIAL PROPERTY APPLICATION

[] NEW [] RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:							
DBA:				Producers Name & Address:			
Address:							
City & State:			Zip:				
Inspection Contact:		Phone: () -					
Accounting Contact:		Phone: () -		Agent's 2-20 License #:			
[] Individual		[] Partnership		[] Corporation		[] Non-Prof Corp.	
							Years in Business: _____

Premises Information:

Premise#:		Building#:		Street:		City & State:		Zip:	
Subject of Insurance	Amount	Coins%	Valuation	Causes of Loss	Inflation Guard%	Deductible	Forms & Conditions		
Construction Type: _____				Building Improvements:		Burglar Alarm Type: _____			
Protection Class: _____				[] Wiring, Yr. _____		Certificate Number: _____			
Distance to: Hydrant _____ FT. Fire Stat _____ MI		[] Roofing, Yr. _____		Expiration Date: _____					
# of Stories: _____		# of Basements: _____		[] Plumbing, Yr. _____		Extent: _____		[] Central Station	
Year Built: _____		Total Area: _____		[] Heating, Yr. _____		Grade: _____		[] Local Gong	
Other Occupancies: _____				[] Other: _____		Burglar Alarm installed by: _____			
# of Guards/Watchmen: _____		Premises Fire Protection (Sprinklers, Standpipes, CO2, Halon Systems): _____							
Fire Alarm Manufacturer: _____				[] Central Station		[] Local Gong			

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