



PROPERTY INSURANCE APPLICATION

UNDERWRITING INFORMATION: (Please make additional copies for each location before writing on original.)

APPLICANT NAME _____ LOCATION _____

Coverage required

Business Real Property (BRP)	\$	_____
Business Personal Property (BPP)	\$	_____
Electronic Data Processing Equipment	\$	_____
Personal Property of Others	\$	_____
Business Income / Extra Expense (BI / EE)	\$	_____
Property at Other Locations	\$	_____
Transit	\$	_____
Other (ie.glass)	\$	_____

Landlord _____

Additional Insured	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Loss Payee	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Copy of Lease	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Construction Type _____ Protection Class _____

of Stories _____ Year Built _____ Total Area _____ Part Occupied _____

Other Occupancies in your Building-Provide Details _____

Flammables On Premises	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Quantity _____
Separate Flammable Storage Room	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, Describe Storage Arrangement _____
Separated From Production	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Describe Separation _____

Burglar Alarm	YES <input type="checkbox"/>	NO <input type="checkbox"/>	With Keys	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Central Station	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Installed and Monitored By	_____	
Certificate #	_____		Expiration Date	_____	
Protection Grade	_____				
# Guards / Watchmen	_____				

Fire Protection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Standpipes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sprinklers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Local Gong	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Central Station	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Monitored By	_____	
Heat/Smoke Alarms	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If Central Station, confirm if it is monitored on a 24 hour basis _____
 Serviced By _____

Building Improvements (if structure over 15 years old)

Wiring	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Year _____
Roofing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Year _____
Plumbing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Year _____
Heating	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Year _____
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Year _____

Adjacent Building Occupancies

Left _____	Distance From your Building _____
Right _____	Distance From your Building _____
Rear _____	Distance From your Building _____

Authorized Signature _____ Date Completed _____