



A. GENERAL INFORMATION

- 1. Applicant Name: _____
DBA (if any): _____
Mailing Address: _____
City, State and Zip: _____
Telephone: _____ Fax: _____
Contact Name: _____ E-mail address: _____
- 2. Premises Location if Different: _____
(include Zip Codes) _____

B. COVERAGES

General Liability:

Per Occurrence Limit: \$500,000 \$1,000,000 Other: \$ _____
General Aggregate Limit: \$500,000 \$1,000,000 \$2,000,000 Other: \$ _____

List All Locations include zip codes:

Schedule of Hazards:

Place check in any/all boxes that describes your business

- Auto Rental/Sales *approx square footage of all: _____
- Office space/kiosk/customer check in area *approx square footage of all: _____
- Parking Lot *approx square footage of all: _____
- Car Wash *approx square footage of all: _____

Description of Business/Business Practices :

- 1. How long has this business been in existence? _____ yrs
- 2. Is this a Start Up or New Business venture? Yes No
- 3. Who is your current insurance carrier? _____
- 4. What is your current premium? \$ _____
- 5. Have you ever been cancelled or denied insurance because of losses? Yes No