



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

List All Locations include zip codes :

- 1. _____
- 2. _____
- 3. _____

Property Coverage :

- Location# _____ Construction Type : Frame Brick/Masonry Metal Sq Ft _____
 Building Amount \$ _____ Contents \$ _____ Other _____ \$ _____
- Location# _____ Construction Type : Frame Brick/Masonry Metal Sq Ft _____
 Building Amount \$ _____ Contents \$ _____ Other _____ \$ _____
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 Building Amount \$ _____ Contents \$ _____ Other _____ \$ _____
- Location# _____ Construction Type : Frame Brick/Masonry Metal Sq Ft _____
 Building Amount \$ _____ Contents \$ _____ Other _____ \$ _____

List any additional coverages not shown :

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
- 6. Do you have an alarm system? Yes No Sprinklers? Yes No
Other security features Yes No Describe _____
- 7. Are any properties listed above vacant? Yes No