

**PROPERTY APPLICATION**

**IMPORTANT:**

(PLEASE FULLY COMPLETE ONE APPLICATION PER BUILDING)

**CONTACT INFORMATION:**

**NAMED INSURED:**

CONTACT NAME:	PHONE NUMBER:	ACCT/CUST #
FAX NUMBER	EMAIL ADDRESS:	
MAILING ADDRESS ONLY:		
EMPLOYERS ID NUMBER:		
YEAR BUSINESS STARTED:	ANNUAL REVENUE:	
NUMBER OF OFFICERS:	NUMBER OF EMPLOYEES:	

**LOCATION INFORMATION:**

ADDRESS:		ZIP CODE:		
CONSTRUCTION:	FRAME	JOISTED MASONRY/BRICK	NON-COMBUSTIBLE	OTHER:
CONDITION OF BUILDING:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
YEAR BUILT _____				
YEAR OF UPDATES (IF OVER 25 YRS. OLD)	WIRING	HEATING	PLUMBING	ROOF
TOTAL BUILDING AREA	INSURED'S AREA			
DESCRIPTION OF INSURED'S OCCUPANCY AT THIS LOCATION:		(OWNER / TENANT)		
# OF STORIES	DOES THE BUILDING HAVE AN ALARM?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE BUILDING HAVE SPRINKLERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PLEASE INDICATE COVERAGE(S) AND LIMIT(S) DESIRED**

**LIMITS REQUESTED**

BUILDING \$ \_\_\_\_\_

\*BUSINESS PERSONAL PROPERTY/CONTENTS \$ \_\_\_\_\_

<b>*DOES THE BUSINESS PERSONAL PROPERTY (BPP) LIMIT INCLUDE ANY ULTRASOUND EQUIPMENT? IF YES, PLEASE PROVIDE DETAILS PER MACHINE:</b>	<b>PLEASE PROVIDE IF APPLICABLE</b> <b>Circle one:</b> MORTGAGEE LOSS PAYEE LANDLORD
MAKE/MODEL:	NAME:
REPLACEMENT VALUE:	ADDRESS:

### REQUIRED UNDERWRITING INFORMATION

1. A) IS THERE AN ADEQUATE NUMBER OF SMOKE DETECTORS IN PUBLIC AREAS AND IN ALL LIVING UNITS AND FIRE EXTINGUISHERS LOCATED IN EASILY ACCESSIBLE AREAS? ☐ YES ☐ NO  
B) DO THE SMOKE DETECTORS AND FIRE EXTINGUISHERS HAVE AN ANNUAL MAINTENANCE AND CERTIFICATION? ☐ YES ☐ NO  
C) ARE THERE ELECTRICAL POWERED SMOKE DETECTORS? ☐ YES ☐ NO
2. IS ALL WIRING WITH CIRCUIT BREAKERS? ☐ YES ☐ NO
3. ARE ANY OF THE BUILDINGS OVER 50 YEARS OLD? ☐ YES ☐ NO
4. IS THE BUILDING INSURED FOR AT LEAST \$ 50 PER SQUARE FOOTAGE? ☐ YES ☐ NO ( ☐ N/A IF ORGANIZATION DOES NOT OWN BUILDING)
5. ARE ANY BUILDINGS VACANT, UNOCCUPIED, UNDER RENOVATION OR CONSTRUCTION? ☐ YES ☐ NO  
IF YES, PLEASE ADVISE WHICH LOCATIONS.  

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6. ARE ALL BUILDINGS DESIGNED FOR PRESENT OCCUPANCY? ☐ YES ☐ NO
7. ARE THERE ANY OUTSTANDING NATIONAL FIRE PROTECTION ASSOCIATION RECOMMENDATIONS? ☐ YES ☐ NO
8. DO ALL EXTERIOR DOORS HAVE DEAD BOLTS AND WINDOWS WITH ADEQUATE LOCKS? ☐ YES ☐ NO
9. IS THE PREMISE CLEAN, NEAT & WELL LIT? ☐ YES ☐ NO

### 3 YEAR CURRENT AND PRIOR CARRIER INFORMATION

COVERAGES/TYPES/DATES	COMPANY	POLICY NUMBER	PREMIUM
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### PAST 3 YEAR LOSS HISTORY

(INCLUDE DATE OF LOSS(S), DESCRIPTION AND FINAL OUTCOME)


HAS ANY CARRIER CANCELED, DECLINED OR NON-RENEWED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN.


DATE:

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DIRECTOR