



## *Agent Information*

Agent:

Agency Code:

Contact:

Phone:

Email:

New                      Renewal

Policy Number:



**APPLICANT DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address of Property to be Insured: \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Name and Address of Retail Broker: \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

18. Period of Insurance: 3 Months    6 Months    9 Months    Annual                      19. Enter Protection Class: \_\_\_\_\_

20. Completed Value of newly constructed building: \_\_\_\_\_

21. Total Square Footage of Proposed Final Structure: \_\_\_\_\_

22. Construction Type:    Fire Resistive    Frame    Joisted Masonry    Masonry Non Combustible    Modified Fire Resistive    Non Combustible

23. Number of Floors: \_\_\_\_\_

24. Wind Hail Deductible per occurrence:    \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000

25. All Other Perils Deductible:                      \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000

26. Type of Quote:                      Basic                      Special

27. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_

28. Description of New Construction Works: \_\_\_\_\_

29. What is the CGL Limit carried by the Contractor:                      300k    500k    1m

30. Is Vandalism and Malicious Mischief cover required: Yes    No    31. Do you wish to buy coverage for Theft of Building Materials: Yes    No

32. Is TRIPRA coverage required:                      Yes    No

33. Please select type of Security at Location to be insured:    Fenced and/or Gated    Guarded    Automatic Sprinkler System  
Active Central Station Fire Alarm    Active Central Station Burglar Alarm    Lighting on property location    None

34. Have there been any insured or uninsured losses or claims at the property to be insured:    Yes    No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: \_\_\_\_\_

35. Prior use of Land, when last occupied: \_\_\_\_\_

36. If required, please enter details of Additional Insured: \_\_\_\_\_

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_