



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 _____