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## GENERAL PROPERTY

### General Information

Proposed Effective Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

#### Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loss Payee/ Mortgagee:  Insured  Other \_\_\_\_\_

How many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Annual Gross Receipts: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability:**

**\*\*NOTE: Flood coverage excluded.**

	Actual Cash Value	Coinsurance
Building Value	\$	\$
Contents Value	\$	\$
Manse/Parsonage	\$	\$
Rented Dwelling	\$	\$
Business Income	\$	\$
Other (Specify)	\$	\$
Loss of Use	\$	\$

Check Coverage(s) Desired:  Basic  Broad Form  Burglary

**Deductible:**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. Attach a schedule of all property including owners of the property.
2. Description and occupancy/contents of each property: \_\_\_\_\_  
 \_\_\_\_\_

3. Name and address for off-premises power or dependant property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Additional coverage, options, restrictions, endorsements, and rating information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Equipment Description**

1. Detailed description of equipment (example: make, model, year, serial number)
2. Primary use of equipment: \_\_\_\_\_  
 \_\_\_\_\_
3. Do you observe all of the indicated safety precautions? \_\_\_\_\_  
 \_\_\_\_\_
4. Has equipment ever been repaired:  Yes  No  
 a. If so, describe: \_\_\_\_\_  
 \_\_\_\_\_
5. Is the equipment always in your care, custody and control:  Yes  No  
 a. If no, please describe: \_\_\_\_\_  
 \_\_\_\_\_
6. Do you ever loan out equipment:  Yes  No  
 a. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
7. Are your employees instructed in the proper use and care of equipment:  Yes  No
8. Is equipment stored in a secure area:  Yes  No  
 a. If no, explain: \_\_\_\_\_  
 \_\_\_\_\_
9. Is preventative maintenance performed on equipment and if so how frequently: \_\_\_\_\_  
 \_\_\_\_\_

**5. Structure Specification**

Photocopy this section and attach a copy for each additional structure.

1. Construction Type: \_\_\_\_\_
2. Height (Stories): \_\_\_\_\_ Basement: \_\_\_\_\_ Roof Type: \_\_\_\_\_  
 Walls: \_\_\_\_\_ Floors: \_\_\_\_\_ Thickness: \_\_\_\_\_
3. Age of building/ Year built: \_\_\_\_\_ / \_\_\_\_\_
4. Total area: \_\_\_\_\_
5. Wind class: \_\_\_\_\_
6. Type of plumbing: \_\_\_\_\_
7. Type of electrical wiring: \_\_\_\_\_
8. Building code grade: \_\_\_\_\_

9. Describe building improvements: Upgrades (if more than 25 years):
- |            |  |                                |
|------------|--|--------------------------------|
| Roof       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
| Plumbing   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
| Heating    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
| Electrical | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |

6. Neighborhood description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

a. Type:  Residential  Commercial  Rural

7. Status:  Improving  Stable

8. Property Grounded Lightning Rods  Yes  No

9. Ground Floor Area: \_\_\_\_\_ square feet

10. Heating system:

Natural Gas  Oil  Electric  Other: \_\_\_\_\_

Forced Air  Hot Water  Steam  Radiant  Other: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Fire Resistive Cut-Off Room  Yes  No

Adequate Clearances from Combustibles  Yes  No

11. Describe cooling system: \_\_\_\_\_  
 \_\_\_\_\_

Distance to:

a. Left exposure: \_\_\_\_\_

b. Right exposure: \_\_\_\_\_

c. Rear exposure: \_\_\_\_\_

Distance to fire hydrant: \_\_\_\_\_ Fire district/code number: \_\_\_\_\_

12. Type of fire suppression system: \_\_\_\_\_

d. Installed and serviced by: \_\_\_\_\_

e. Fire alarm is manufactured by: \_\_\_\_\_

f. Last tested on: \_\_\_\_\_ Expiration date: \_\_\_\_\_

g. Number /Type of Extinguishers (Specify Types)/date last serviced: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AREA (check all that apply)

Industrial  Commercial  Residential  Agricultural  Urban  Suburban  Rural

SECURITY

1 Is there a burglar alarm in the building?  Yes  No

If yes, answer:

h. Type of burglar alarm in building: \_\_\_\_\_

i. Installed and serviced by: \_\_\_\_\_

j. Last tested on: \_\_\_\_\_ Expiration date: \_\_\_\_\_

2. Window Protection: (i.e. bars)       Yes  No

If yes, provide details

3. Building Locked:     Yes  No     Nights  Days    Watchman, Other Security:       Yes  No

If yes, describe: \_\_\_\_\_

4. Closing Time Inspection Made Daily:       Full  None

5. List additional interests: \_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

Drawing of location (please note other structures and distances between structures):

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to,

gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name