

GENERAL LIABILITY AND PROPERTY INSURANCE APPLICATION

COMPANY INFORMATION

Proposed Effective Date: _____ Phone: _____

Full Name of Company: _____ Website: _____

Mailing Address: _____

Physical Address: _____

Date Company Established: _____ Estimated Annual Revenue: _____

Entity Type: Individual Partnership Corporation LLC Other

Do you currently have General Liability (GL) Insurance? Yes No If Yes: Current Carrier: _____ Expiration Date: _____

Do you currently have Professional Liability (PL) Insurance? Yes No If Yes: Current Carrier: _____ Expiration Date: _____

Have you had any GL or Property claims in the past 5 years? Yes No If Yes, how much was each one? _____

What does your company do? _____

GENERAL LIABILITY COVERAGES

All quotes come with standard \$1,000,000 per occurrence limits. Do you require higher limits? Yes No

If yes, what higher liability limits do you require? _____

Please check what optional Liability Coverages you need:

Employee Benefits Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current Employee Benefits "Retro Date" _____ Current Limit: _____
Hired Auto Physical Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Estimated Cost of Hire _____ # of Employees _____
Hired Auto Liability (rental cars)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Non-Owned Liability (employee owned & driven cars)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PROPERTY COVERAGES

Optional Property Limits:

Employee Dishonesty _____ # of Employees _____

ERISA _____

Surveying / Field / Contractors Equipment _____ Deductible _____

Any other property coverages not listed? _____

LOCATION INFORMATION

1. Location Address (if different from mailing): _____
2. Building Limit: _____ Business Contents Limit: (furniture, computers, software, etc...) _____
3. Property Deductible: \$500 \$1000 \$2,500 \$5,000
4. Occupancy: Owner Tenant
5. Year Built: _____ Number of Stories: _____
6. Construction Type: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive
7. Square Footage: _____ Occupied Square Footage: _____
8. Building Updates: Roof: _____ Electrical: _____ Wiring: _____ Plumbing: _____
9. Operational Sprinkler System: Yes No
10. Central Station Alarm System: Fire: Yes No Burglar: Yes No