



PROPERTY APPLICATION

1. First Named Insured _____
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

2. Other Insured(s) _____

3. Mailing Address _____
Street City County State ZIP Code

4. Effective Date Desired _____ Term Desired _____

5. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If so, give name of company, date, and reason.

6. Years in Business _____ Years of Experience _____

7. Mortgagee/Loss Payee _____
Street City County State ZIP Code

COVERAGE

8. Causes of Loss: Basic Special Form
 9. Deductible: \$250 \$500 \$1,000 Other _____

10.

Item	Co-Ins.	Amount of Insurance	Description and Location of Property Covered: Show complete address, construction, type of roof, and occupancy of building(s) or containing the property covered. If occupied as a dwelling, state number of families.
Building			
Contents			

11. Protection Class: 1-4 5-6 7-8 9-10 Distance to nearest hydrant _____

12. Number of Stories: 1 2 3 Other _____ Area (Sq. Ft.) of building _____

13. Construction: Frame Brick Veneer Fire Resistant
 Metal Clad Masonry Other _____

14. Condition: Good Fair Poor Other _____ Year Built _____

15. Has property ever been upgraded? (i.e., wiring, heating, plumbing, roof, etc.) Yes No
If yes, explain. _____
16. Is there any storage of flammable or hazardous material on the premises? Yes No
If yes, explain. _____
17. Does property contain any fire divisions or fire walls? Yes No
If yes, explain. _____

18. Protection devices: Sprinklered Watchman Ansul Smoke Detector/Alarm Other

19. How often is equipment inspected and maintained _____

20. Describe maintenance program: _____

21. Occupancy: COMMERCIAL RESIDENTIAL Tenant occupied
 Restaurant Owner occupied
 Repair Garage Single Family Two Family
 Apartment House Vacant (Complete question 8, page 3)
 Warehouse Date vacancy began _____
 Vacant (Complete question 8, page 3) Seasonal
 Date vacancy began _____ Locked
 Other _____ Other _____

22. Other occupancies in the same building. _____

23. Adjacent exposures _____

24. Is property easily accessible? Yes No If no, please explain. _____

25. Neighborhood type: Residential Mfg./Industrial Other _____
 Retail/Comm'l. Rural

26. Condition: Stable Improving Deteriorating

27. Current photo? Attached Not required

28. Inspection? Ordered Not required

VALUATION

29. How is the amount of insurance determined? _____

30. Date property purchased _____ If within 3 years, indicate purchase price. _____

FINANCIAL

31. How long has applicant been in present business? _____

32. Any history of bankruptcy? If yes, please give details: _____

33. List all outstanding judgments or current legal action against applicant. Please give details: _____

34. Are there any affiliated or subsidiary companies? If so, list them by name, address, and nature of association. _____

35. Any other unusual circumstances you feel could affect your finances in the near future? _____

36. Give gross sales for each of the last three years and gross net profit or loss for each period in round figures:

Year	Sales	Gross Profit (Loss)	Net Profit (Loss)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

37. If the answer to any of the following questions is YES, complete the appropriate section on the reverse side.

	Yes	No
a. Is the applicant other than an individual or sole proprietorship?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there any mortgage payments (building or contents) overdue by 3 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there any tax liens against the property or business?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there any current violations of fire, safety, health, building, construction, or other codes at this location?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have there been any violations of fire, safety, health, building, construction, or other codes within the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
f. Has anyone with a financial interest in this property been convicted of any degree of arson, fraud, or other crime related to loss on property owned now or during the last 10 years? Note: Under Rhode Island law, an applicant failing to disclose an arson conviction when requested on an insurance application is subject to a criminal penalty.	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the mortgage other than a federal or state chartered lending institution?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have there been losses during the past 5 years exceeding \$1,000 in damage to other property in which anyone with a financial interest in this property has an equity interest or held a mortgage (except federal or state chartered lending institutions)?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is any portion of the building or any apartment vacant, unoccupied, or seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is there any other insurance in force or to be secured on this property?	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Agent or Broker

Signature of Proposed Insured

Address

Date

1. **Ownership Information**

List the names and addresses of: Shareholders of a corporation Partners, including limited partners
Trustees and beneficiaries

Note: List only those possessing an ownership interest of 25% or more, except for closed corporation and beneficiaries where all owners should be listed.

Name	Address	Position	Interest %

2. **Mortgage Payments**

Mortgagee _____ Date Due _____ Amount Due _____

List any other encumbrances: _____

3. **Taxes**

Type _____ Date Due _____ Amount Due _____

4. **Code Violations**

Date _____ Describe _____

5. **Convictions**

Date _____ Describe _____

6. **Unchartered Mortgagees**

Name _____

Explanation _____

7. **Losses**

Other Locations

Date

Amount

Description

Other Locations	Date	Amount	Description

8. **Vacancy**

a. Indicate seasonal period (if any) when building is unused. _____

b. For apartment buildings, indicate: Total Units _____ Unoccupied Units _____

c. For other buildings, indicate: Vacancy _____ % of Unoccupancy _____

d. For all buildings, indicate: Reason for vacancy/unoccupancy _____

Anticipated date of occupancy _____

e. If the building is vacant or unoccupied, indicate how it is protected from unauthorized entry. _____

	Yes	No
f. Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is water, sewage, electricity, or heat out of service? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
h. Is there unrepaired damage or have items been stripped from the building? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
i. Is the building for sale? If yes, date put up for sale. _____	<input type="checkbox"/>	<input type="checkbox"/>

9. **Other Policies**

Status

Date

Amount of Insurance

Carrier

Policy #

Status	Date	Amount of Insurance	Carrier	Policy #