



OFFICE PACKAGE APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

OCCUPANCY QUESTIONS

1. In which state is the property to be insured: _____
2. Does the applicant own the building? Yes No
3. Does the applicant lease or rent any portion of the building to be insured? Yes No
4. Please confirm the property is used only for office or clerical purposes? Yes No

ELIGIBILITY QUESTIONS

5. Has the applicant had any policy of property or liability insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes No

If the above answer is Yes, were they for any of the following reasons only:

- Insurer no longer writing class of business? Yes No
- Insurer no longer writing class of business in territory? Yes No
- Risk no longer qualifying for an Admitted Carrier program?
- Loss history?

6. Has the applicant and any other officer/director ever been involved in any bankruptcy proceedings or convicted of arson or insurance fraud? Yes No

7. Have there been more than two insured or uninsured Property or General Liability losses, claims or circumstances OR one insured or uninsured loss, claim or circumstance exceeding \$10,000 at the property to be insured or any other property owned/rented by applicant in the past three years? Yes No

8. Are the premises to be insured more than 20,000 square feet?
9. Are the premises to be insured subject to a mortgage provided by an individual or entity other than a financial institution?
10. Are the premises located in a landslide, forest fire or brush fire area? Yes No
11. Are any combustible/flammable liquids/gases stored at the property to be insured?

12. Is the electric wiring on fully functioning and operational circuit breakers? (no coverage available for knob & tube, aluminium wiring or fuses) Yes No

13. Is the building to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes No

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 DETAILS

- 14. Occupied Square Footage: _____
- 15. Please choose coverage you require: Building Business Personal Property Business Income & Extra Expense
Commercial General Liability
- 16. Enter Protection Class: _____
- 17. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive
Fire Resistive
- 18. Value of Building: _____ 19. Total square footage of building to be insured including outbuildings: _____
- 20. Age of Building or Complete Building Upgrade in: 0-35 Years 36-50 Years Over 50 Years
- 21 . Is the roof older than 25 years: Yes No
- 22. Value of Business Personal Property: _____ Description: _____
- 23. Business Income & Extra Expenses: _____
- 24. Monthly Maximum Limit of Liability Available: 1/3 1/4 1/6
- 25. Wind Hail Deductible: 2,500 5,000 10,000
- 26. All Other Peril Deductible per occurrence: 2,500 5,000 10,000
- 27. Type of Quote: Basic Special
- 28. Liability Limit Required: 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000
- 29. Does the property include a parking lot for which you are legally responsible for: Yes No
- 30. Does applicant lease agreement include requirement of tenant/s to be responsible
for the condition of pavement and curbs associated with their leased unit, including keeping it from ice and snow: Yes No
(This question is not applicable for the following States –
AL, AR, AZ, CA, FL, GA, LO, NM, MS, NC, OK, SC, TN, TX)
- 31. Would you like to include Vandalism & Malicious Mischief: * Yes No
- 32. Is Sprinkler Leakage cover required: * Yes No
- 33. Please select Medical Payments Coverage: No \$1,000 \$2,500 \$5,000 \$10,000

COVERAGE DETAILS (continued)

34. Is TRIPRA coverage required: Yes No
35. Is there a fully functional Central Station Burglar Alarm with an active monitoring contract: Yes No
36. Is Non Owned Auto required: Yes No
37. Number of Employees: 0-10 11-25 26-50
38. Are errands less than 60 miles round trip: Yes No
39. All employees provide evidence of personal automobile liability exposure: Yes No
40. Do errands include transporting of people, animals, food or beverage or offices with fields sales: Yes No
41. Have there been any insured or uninsured losses or claims at the property to be insured: Yes No

Describe all prior losses: _____

42. 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 _____

* Requires Building Coverage and Special Type of Quote to be selected