

## Property and Inland Marine Questionnaire

<b>Applicant Information</b>	
Business Name:	Contact:
Applicant	Business Number:
Mailing Address	Cellular Number:
City	Fax Number:
State and Zip Code	Email:
Web-Site	Premium:
Organization Type (Individual/Partnership/Corporation/LLC)	Financing:
Desired Policy Effective Date:	Down Payment:

- 1) Physical Address (1) \_\_\_\_\_  
 County: \_\_\_\_\_ Fire Station is \_\_\_\_\_ Miles, Fire Hydrant is \_\_\_\_\_ Feet Away  
  
 Physical Address (2) \_\_\_\_\_  
 County: \_\_\_\_\_ Fire Station is \_\_\_\_\_ Miles, Fire Hydrant is \_\_\_\_\_ Feet Away
- 3) Type of building your office is located in: Home or Office Building \_\_\_\_\_
- 4) Year the building was constructed: \_\_\_\_\_ (If over 25 years, please advise the year any updates have been completed:  
 Roofing: \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_  
 Plumbing: \_\_\_\_\_
- 5) Total square footage of the building: \_\_\_\_\_ Total square footage you occupy: \_\_\_\_\_
- 6) Building Construction: Wood/Brick : \_\_\_\_\_
- 7) Is the building well maintained: \_\_\_\_\_
- 8) Fire Protection: \_\_\_\_\_ Central Station: \_\_\_\_\_
- 9) Burglary Protection: \_\_\_\_\_ Central Station: \_\_\_\_\_
- 10) Other type of occupants in the building (please note either on the same floor or right and left of your office if large complex) \_\_\_\_\_
- 11) Building to be insured, if so please list replacement cost value: \$ \_\_\_\_\_
- 12) Business Property located within the premises: \$ \_\_\_\_\_
- 13) Loss of rental income if required by contract: \$ \_\_\_\_\_
- 14) Extra Expense Limit: \$ \_\_\_\_\_

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15) Blanket equipment on/off premises:       \$ \_\_\_\_\_  
 Floater coverage and subject to 100% of the value any and all equipment that can be taken off premises

16) Scheduled Camera's and other equipment taken off premises:       \$ \_\_\_\_\_ Total

1.	_____	S/N _____	Value \$ _____	
2.	_____	S/N _____	Value \$ _____	
3.	_____	S/N _____	Value \$ _____	
4.	_____	S/N _____	Value \$ _____	
5.	_____	S/N _____	Value \$ _____	
6.	_____	S/N _____	Value \$ _____	
7.	_____	S/N _____	Value \$ _____	
8.	_____	S/N _____	Value \$ _____	
9.	_____	S/N _____	Value \$ _____	
10.	_____	S/N _____	Value \$ _____	

**History of business:**

17) Prior Insurance Information:

Company	Policy Dates	Premium	Losses (describe below)

18) Prior claims or pending claims within the last three years?   YES[ ] NO[ ] If yes, please explain with dates, amount and description. Please attach your company loss reports, which can be obtained by your agent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.** Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

*I understand and have the above statements.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_