

GENERAL LIABILITY SECTION

GENERAL AGGREGATE (OTHER THAN PRODUCTS - COMPLETED OPERATIONS) \$ _____
 PRODUCTS - COMPLETED OPERATIONS AGGREGATE \$ _____
 PERSONAL AND ADVERTISING INJURY \$ _____
 EACH OCCURRENCE \$ _____
 DAMAGE TO PREMISES RENTED TO YOU EACH OCCURRENCE \$ _____
 MEDICAL EXPENSE ANY ONE PERSON \$ _____

LOC #	CLASSIFICATION	CLASS CODE	EXPOSURE	PREMIUM BASIS (RECEIPTS, AREA OR UNITS)

IS ENTERTAINMENT PROVIDED? YES OR NO IF YES, PLEASE DESCRIBE: _____
 ATHLETIC EVENTS SPONSORED? YES OR NO IF YES, PLEASE DESCRIBE: _____

PROPERTY SECTION

COVERAGE AMOUNT DESIRED

BUILDING \$ _____ RC OR ACV DEDUCTIBLE \$ _____ CO-INS % _____ % BASIC _____
 CONTENTS \$ _____ RC OR ACV DEDUCTIBLE \$ _____ CO-INS % _____ % BROAD _____
 BUS INCOME \$ _____ CO-INS % _____ % SPECIAL _____
 SATELLITE DISH \$ _____ ACV ONLY DEDUCTIBLE \$ _____ CO-INS % _____ % THEFT _____
 SIGN \$ _____ ACV ONLY DEDUCTIBLE \$ _____ CO-INS % _____ %
 OTHER \$ _____ DEDUCTIBLE \$ _____ CO-INS % _____ %
 \$ _____ DEDUCTIBLE \$ _____ CO-INS % _____ %
 \$ _____ DEDUCTIBLE \$ _____ CO-INS % _____ %

CRIME SECTION

COVERAGE TYPE DESIRED

COVERAGE LIMIT DESIRED

CRIME FORM C: THEFT, DESTRUCTION & DISAPPEARANCE \$ _____ \$ _____
 DEDUCTIBLE \$ _____ INSIDE THE PREMISES OUTSIDE THE PREMISES
 CRIME FORM E: PREMISES BURGLARY \$ _____
 DEDUCTIBLE \$ _____ INSIDE THE PREMISES
 CRIME FORM Q: ROBBERY OF MONEY & SECURITIES AND SAFE BURGLARY \$ _____ \$ _____
 DEDUCTIBLE \$ _____ INSIDE THE PREMISES OUTSIDE THE PREMISES

ADDITIONAL INTERESTS (PLEASE BE SPECIFIC)

NAME: _____ ADDITIONAL INSURED LOSS PAYEE
 ADDRESS: _____ LENDER'S LOSS PAYEE
 INTEREST: _____ MORTGAGEE CONTRACT OF SALE
 NAME: _____ ADDITIONAL INSURED LOSS PAYEE
 ADDRESS: _____ LENDER'S LOSS PAYEE
 INTEREST: _____ MORTGAGEE CONTRACT OF SALE

IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

INDIVIDUAL RISK HISTORY

HAS COVERAGE EVER BEEN CANCELLED OR DECLINED? YES OR NO IF YES, GIVE DATE & DETAILS _____

HAS THE APPLICANT EVER BEEN SUBJECT TO LIENS, JUDGMENTS OR BANKRUPTCIES IN THE LAST 5 YEARS? YES OR NO

IF YES, GIVE DETAILS _____

PRIOR CARRIER INFORMATION (PLEASE GIVE A DETAILED HISTORY, INCLUDING COVERAGE PREMIUMS)

POLICY TERM		INSURANCE CARRIER	PROPERTY PREMIUM	LIABILITY PREMIUM
FROM:	TO:		\$	\$
FROM:	TO:		\$	\$
FROM:	TO:		\$	\$
FROM:	TO:		\$	\$
FROM:	TO:		\$	\$
FROM:	TO:		\$	\$

CLAIMS HISTORY (PLEASE LIST ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR FIVE YEARS)

DATE OF OCCURRENCE	DESCRIPTION OF LOSS	STATUS	PAID	RESERVED

AGENT INFORMATION

HAS THE AGENT PERSONALLY INSPECTED THE APPLICANT'S PREMISES? YES OR NO DATE: _____

CONDITION OF RISK? _____ EXCELLENT _____ GOOD _____ FAIR _____ POOR

ANY OTHER INFORMATION THAT IS PERTINENT TO THIS RISK? _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

AGENCY PHONE NUMBER: _____ FAX: _____

LEGAL DISCLAIMER: I certify that the answers to all the questions contained herein are true and will be used to procure insurance.

I also understand that any misrepresentations made within could result in cancellation of my insurance.

AGENT SIGNATURE: _____

APPLICANT SIGNATURE: _____

DATE: _____

APPLICANT PHONE NUMBER: _____

DATE: _____