



(Please complete for each building and include a picture of the front and back of the building, loss runs and policy)

Property Insurance Application

Name of Applicant: \_\_\_\_\_
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What year did business start? \_\_\_\_\_ If in business less than 3 years, how many years of experience? \_\_\_\_\_

Have you been convicted of a crimes in the past 5 years? Yes No Any Insured claims in the past 3 year? Yes No

Has your insurance been cancelled in the past 3 years? Yes No Reason: \_\_\_\_\_

Do you Own Rent the building? Is the building a converted home or dwelling? Yes No

Are there any other businesses in the building? Yes No Percentage occupied by the other business? \_\_\_\_\_%

Property Address: \_\_\_\_\_

Is this and Independent Living Facility? Yes No Square foot area of total building? \_\_\_\_\_

Construction of building:\* \_\_\_\_\_ Year Constructed: \_\_\_\_\_ Number of floors in the building: \_\_\_\_\_

\*Masonry, Frame, Non-combustible, Fire Resistive

How many feet are you from the nearest fire hydrant? \_\_\_\_\_ How many fire extinguishers? \_\_\_\_\_

If building is more than 25 years old, provide:

Table with 5 columns: Heat, Plumbing, Electric, Roof, and an unlabeled column for Year updated and Additional information.

State the value of each property coverage requested (coverage is based on replacement cost):

Table with 4 columns: Building, Contents, Other Structures, Monthly Business Revenues

Is there a fire extinguisher on each floor of the building? Yes No

Does the building have a sprinkler system? Yes No If "Yes", What percentage of the building is sprinklered? \_\_\_\_\_

Do you have a central station fire alarm? Yes No If "Yes", Please include a picture of the alarm or certificate.

Are smoke detectors in all bedrooms and halls? Yes No

Do you have a commercial cooking unit or commercial kitchen? Yes No

Are residents permitted to cook in rooms (hot plates, toasters ovens, microwaves, etc.)? Yes No

If YES to cooking in room, please describe: \_\_\_\_\_

Is smoking permitted? Yes No Is there a designated smoking area outside? Yes No

Are cigarette drops or snuffers provided? Yes No Does the State require a fire inspection? Yes No

Are residents valuable items logged upon admission? Yes No If answered "No" why not? \_\_\_\_\_

Is there a mortgage on the building? Yes No N/A (tenant occupied)

Name of Mortgagee: \_\_\_\_\_

Address of Mortgagee: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Is the property insurance escrowed with your loan? Yes No N/A (tenant occupied)

Fax number for Mortgagee: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_ Date: \_\_\_\_\_