



(Please complete for each building and include a picture of the front and back of the building to be insured and Loss Runs)

### Property Insurance Application

Name of Applicant: \_\_\_\_\_ Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Any Insured claims in the past year? Yes No

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

What is the use of the building? \_\_\_\_\_ When does your current policy expire? \_\_\_\_\_

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

How many years has the business been at this location? \_\_\_\_\_ If less than 3 years how many years' experience? \_\_\_\_\_

Have you been convicted of any crimes in the past 5 years? Yes No

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

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

Square foot area of total building? \_\_\_\_\_ Does the building have a basement? Yes No

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

Building	Contents	Other Structures	Monthly Business Revenues

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

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

If building is more than 25 years old, provide:

	Heat	Plumbing	Electric	Roof
Year updated				
Additional information				Type: _____

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

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

Does the State require a fire inspection? Yes No How many fire extinguishers? \_\_\_\_\_

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

Are smoke detectors in all bedrooms and halls? Yes No Do you have a central station fire alarm? Yes No

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

Are residents valuable items stored in a secure place? Yes No Are the items logged upon admission? Yes No

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

Are cigarette drops or snuffers provided? Yes No Does the building have a sprinkler system? Yes No

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: \_\_\_\_\_