



**COMMERCIAL PROPERTY
INFORMATION APPLICATION**

1. Name of Insured: _____

2. Mailing Address: _____

3. Location Address: _____

4. Years in Business: _____

5. Occupancy of Building: _____

6. Confirm Building is fully Occupied (if not details please) _____

7. Total Values (per location) Interest:	#1	#2	#3
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Buildings	USD
Contents (BPP)	USD
Business Income	USD
Other (please specify)	USD

8. Age of Building: _____ 9. Construction of Building: _____

10. Year of Updates to Building/Utilities: Wiring: _____ Roof: _____

Plumbing: _____ Heating: _____

11. Public Protection Class: _____

12. Financial Status of Insured: _____

13. Condition of Building/Housekeeping: _____

14. Details/Type of Area: _____

15. Private Protections – Alarms: _____ Ansul System: _____

Sprinkler System: _____ Smoke Detectors: _____

Fire Extinguishers: _____ Other: _____

16. 5 Year Property Loss Record: _____

17. Approximate distance between buildings (in feet) if more than one: _____

18. Valuation – is RCV or ACV required? _____

19. Square Footage of Location: _____

20. Perils Required: SPECIAL / BROAD / BASIC / FLOOD / QUAKE

21. Target Rate: _____ Target Deductible: _____