



General Information:

Select Carrier(s):

Travelers Liberty Mutual The Hartford

Effective date: _____ .

Applicant Legal Name/First Named Insured(s): _____

DBA: _____

Entity Type: Corporation Individual Joint Venture Partnership

LLC Non-Profit S-Corp Trust

Is the applicant a subsidiary of another corporation? Yes No

Business Phone: _____

Website: _____

FEIN: _____

Applicant Contact Name: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Mailing address: _____

Location address (if different): _____

Additional Locations: (If so create a place to list them): _____

Year business established: _____

Detailed description of operations: _____

Current carrier: _____

Current premium: _____



Business Segment

- Apartment Building
- Garage
- Building/LRO
- Office
- Service
- Religious
- Manufacturing/Distribution
- Restaurant
- Condo HOA
- Retail
- Contractor
- Technology
- Non-Profit
- Hotel/Motel
- Healthcare

General Liability:

General Liability limits \$1/\$2 million \$2/\$4 million

Annual receipts/gross sales: _____

Total payroll: _____

Total number of employees: Full time:_____ Part time: _____

Per location Aggregate (if available)? Yes No

If restaurant risk, annual sales from Alcohol: _____

Does restaurant have table service: _____

If store, % of online sales: _____

Any importing or manufacturing exposure (including selling products under own label) Yes No

If yes, add disclosure that we will require additional underwriting questions.

For Contractors risks provide subcontracting costs: _____





Property:

Number of Buildings: _____

If multiple buildings or locations (don't need to ask if only one building/location):

Blanket Building limits? Yes No

Blanket BPP limits? Yes No

Building Construction type: Frame Joint masonry Light Noncombustible
 Masonry Noncombustible Modified Fire Resistive Fire Resistive

Year building was constructed: _____

Number of stories: _____

Percentage of building is sprinklered? None Less than 80% 80-99% 100%

Burglar Alarm: None Central Station Local

Fire Alarm: None Central Station Local

Property deductible: _____

Multi-occupancy building? Yes No

Total square footage of entire building: _____

Any portion rented to other tenants (square footage, if any): _____

Building Limit: _____

If over 30 years old, does the building have aluminum wiring? Yes No

Year wiring was updated: _____

Does the building have circuit breakers? Yes No

Year plumbing was updated: _____

Year heating/cooling was updated: _____

Year Roof Updated/replaced: _____

Roof type: Flat Wood Shake Asphalt Shingle Metal Other

BPP limit: _____

Personal Property of Others Limit: _____



Are electronic data processing (EDP) equipment (computers, cash registers, etc.) valued at \$50,000 or less? Yes No

If EDP Values are more than \$50,000, indicate total: _____

Business Income limit: ALS Stated Limit: _____

Other Questions:

If less than three years in business, does the current ownership have three years of management experience in a related field? Yes No

Has insurance coverage been cancelled, declined or not renewed in the last three years? Yes No

If yes, provide details: _____

Have there been any claims or loss occurrences in the last three years? No Yes

If yes, provide details: _____

Is applicant engaged in any other type of business? No Yes

Does the Applicant use motor vehicles for business purposes? No Yes

Does applicant own, operate or lease aircraft/watercraft? No Yes

Water exposure such as lake, river, docks, etc.? No Yes

Any 24 hr operations? No Yes

Other Coverages (if available to be included with coverage)

Employee Benefits Liability: Yes No

Hired & Non-Owned Auto Liability: Yes No

Cyber Liability: Yes No

EPLI: Yes No

Umbrella? (Provide limits \$1M-\$10M): _____

E&O: Yes No

Other coverage requests: Please enter



Other Interests:

Additional insureds? None Blanket Individual

If Individual enter number, relationship and contact info

Waiver of Subrogation: None Blanket Specific

If Individual, enter number, relationship and contact info

Other additional coverage or endorsement requests: Yes No

Nature of certificate holders: Landlord Bank Client Vendor Loss Payee
Mortgagee Lienholder General Contractor Other

If other, please specify: _____

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicable in Tennessee: It is a crime to knowingly provide false incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment fines and denial of insurance benefits.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied.

Signature (x) _____