



The Office - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Location Address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

Classification:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Mailing Service | <input type="checkbox"/> Statistical Consultant |
| <input type="checkbox"/> Advertising Agency | <input type="checkbox"/> Genealogist | <input type="checkbox"/> Management Consultant | <input type="checkbox"/> Tax Preparer |
| <input type="checkbox"/> Answering Service | <input type="checkbox"/> Grant Writing Service | <input type="checkbox"/> Marketing Consultant | <input type="checkbox"/> Telecommunication Consultant |
| <input type="checkbox"/> Appraiser (non-real estate) | <input type="checkbox"/> Graphic Designer | <input type="checkbox"/> Marketing Research | <input type="checkbox"/> Telemarketing Office |
| <input type="checkbox"/> Background Check Service | <input type="checkbox"/> Human Resource Consultant | <input type="checkbox"/> Medical Offices | <input type="checkbox"/> Ticket Agencies |
| <input type="checkbox"/> Bill Payment Service | <input type="checkbox"/> Insurance Agencies | <input type="checkbox"/> Medical Transcript Service | <input type="checkbox"/> Title Agent |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Insurance Risk Manager | <input type="checkbox"/> Mortgage Brokers | <input type="checkbox"/> Travel Agent (No tour) |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Investment Advice | <input type="checkbox"/> Notary | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Data Base Management | <input type="checkbox"/> Inventory Control Specialist | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Writers/Authors |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Lawyers Office | <input type="checkbox"/> Real Estate Offices | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Draftsman | <input type="checkbox"/> Literary Agent | <input type="checkbox"/> Real Estate Consultant | |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Loan Origination Office | <input type="checkbox"/> Resume Service | |

Do you own the Building? Yes No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

Property Section

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
 Modified Fire-Resistive Fire-Resistive Other _____

Protection Class: _____

Requested Cause of Loss: Basic Special

Requested Valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Business Personal Property Limit \$ _____

Business Income & Extra Expense Limit \$ _____

Building Owner

Building Limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

What is the square footage of portion occupied by applicant? _____

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

Liability Section

Annual Payroll: _____

Employment Practices:

Number of full time employees _____

Number of part time employees _____

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

No more than \$3,000,000 in annual gross receipts True False

Primary type of operations are clerical in nature True False

Building Owner

Is any portion of the building leased to commercial tenants? Yes No If Yes, applicable sq. ft. _____

Does the applicant lease any apartments at this location? Yes No If Yes, Number of Units _____

applicable sq. ft. of Apts. _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof _____ yrs. Plumbing updated (yr) _____ Electrical Updated (yr) _____ Heating Updated (yr) _____
 Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other _____
 Plumbing Type: PVC Copper Lead Galvanized Other _____
 What type of burglar alarm is on the premises? Central Station Local None

IV. ELIGIBILITY CRITERIA

- No bankruptcies, tax or credit liens against the applicant in the last 5 years True False
- Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False
If False, advise reason _____
- Insured does not occupy more than 25,000 square feet True False
- The applicant has not, is not and will not act as franchisor (Grantor of a Franchise) True False
- For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False
- For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring N/A True False
- Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False

General Liability

- No packing, assembly, or manufacturing of any products True False
- No Artisan Contractors/General Contractors True False
- No retail or wholesale of products True False

Travel Agent - No organizing or guiding of tours True False

Medical Office - Applicant does not provide physical rehabilitation services True False

Appraisers - No rare or collectible property coverage requested True False

Real Estate

- No property management True False

Professional Lines

- During the past 5 years no claim has been made or suit brought against the Applicant, its Predecessor(s) in business, or any of its present or former owner, partners, officers, directors, employees or independent contractors? True False
If False, advise reason _____
- No owner, partner, officer, director, employee or independent contractor is aware of a circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees, or independent contractors? True False
If False, advise reason _____

V. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other _____

What year did the business start? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Audit Contact Name: _____ Telephone/Email Address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____