

- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

BUSINESSOWNER APPLICATION

All questions must be answered and application must be signed by applicant.

APPLICANT INFORMATION

Name: _____ Policy Number _____

D/B/A: _____ Effective Date: _____

Sole Proprietorship Partnership Corporation Other _____

Mailing Address: _____ Zip _____

Location Address: _____ Zip _____

If you have a website, include your website address: _____

Mortgagee: _____ Zip _____

Loss Payable: _____ Interest: _____

Additional Insured: _____ Interest: _____

Business of Applicant: _____ Insp Contact Name & # _____

Years Management Experience _____ Age of Building _____ # of Stories _____

Hours of operation? _____

Office Sq. Feet _____ Merc Sq. Feet _____ Total Sq. Feet _____

Description of mercantile occupancies _____

Area Occ. By insured _____ Sales / Receipts _____

Percent of property vacant _____ %

Electrical system checked by qualified electrician? Yes No If Yes, when? _____

Is the electrical system connected to circuit breakers? Yes No

Is the electrical system aluminum or knob and tube? Yes No

Heating system checked by a qualified contractor? Yes No If Yes, when? _____

If the roof is flat, has it been re-coated in the past 10 years? Yes No

Age of the roof? _____ Electrical Update? _____ Plumbing Update? _____ Heating Update? _____

Is the plumbing completely PVC or Copper? Yes No

Are storage areas and aisles clean and trash disposed of properly? Yes No

Is there evidence of water damage, broken windows, or breaks in pavements or floor? _____

Any "special" hazards (raised walks, street elevators, etc.)? _____

Is the property eligible according to our coastal guidelines? Yes No

Is the property seasonal? Yes No

Are there smoke detectors in each unit? Yes No

Are there smoke detectors in all common and mechanical equipment areas?

Yes No

Any special protective devices, clothing, etc. in use?

Yes No

Formal training program for new employees?

Yes No

Any alarm system?

Yes No Central Local

LOSS HISTORY

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Carrier _____ Premium \$ _____

Building Exposures North _____ South _____ East _____ West _____

Occupancy _____

Distance _____

Construction _____

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

Liability \$300,000 \$500,000 \$1,000,000

Class Code _____ Protection Class _____

Construction _____ Actual Cash Value Replacement Cost

Building Limit \$ _____ Contents Limits \$ _____ Automatic Increase _____ %

Business Income Limit \$ _____

Cause of Loss Named Perils All Risk

Burglar Alarm Local Central Station (attach copy for Alarm Credit) 24 hr watchmen

Fire Alarm Local Central Station Sprinkler System

Building Inflation Guard Yes No

If Yes: 2% 4% 6%

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date