



**PROPERTY APPLICATION**

1. First Named Insured \_\_\_\_\_  
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

2. Other Insured(s) \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

4. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

5. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.  
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No  Yes - If so, give name of company, date, and reason.

6. Years in Business \_\_\_\_\_ Years of Experience \_\_\_\_\_

7. Mortgagee/Loss Payee \_\_\_\_\_  
Street City County State ZIP Code

**COVERAGE**

8. Causes of Loss:  Basic  Special Form

9. Deductible:  \$250  \$500  \$1,000  Other \_\_\_\_\_

10.

Item	Co-Ins.	Amount of Insurance	Description and Location of Property Covered: Show complete address, construction, type of roof, and occupancy of building(s) or containing the property covered. If occupied as a dwelling, state number of families.
Building			
Contents			

11. Protection Class:  1-4  5-6  7-8  9-10 Distance to nearest hydrant \_\_\_\_\_

12. Number of Stories:  1  2  3  Other \_\_\_\_\_ Area (Sq. Ft.) of building \_\_\_\_\_

13. Construction:  Frame  Brick Veneer  Fire Resistant  
 Metal Clad  Masonry  Other \_\_\_\_\_

14. Condition:  Good  Fair  Poor  Other \_\_\_\_\_ Year Built \_\_\_\_\_

15. Has property ever been upgraded? (i.e., wiring, heating, plumbing, roof, etc.)  Yes  No  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_
16. Is there any storage of flammable or hazardous material on the premises?  Yes  No  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_
17. Does property contain any fire divisions or fire walls?  Yes  No  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_

18. Protection devices:  Sprinklered  Watchman  Ansul  Smoke Detector/Alarm  Other

19. How often is equipment inspected and maintained \_\_\_\_\_

20. Describe maintenance program: \_\_\_\_\_

21. Occupancy:  COMMERCIAL  RESIDENTIAL  Tenant occupied  
 Restaurant  Owner occupied  
 Repair Garage  Single Family  Two Family  
 Apartment House  Vacant (Complete question 8, page 3)  
 Warehouse  Date vacancy began \_\_\_\_\_  
 Vacant (Complete question 8, page 3)  Seasonal  
 Date vacancy began \_\_\_\_\_  Locked  
 Other \_\_\_\_\_  Other \_\_\_\_\_

22. Other occupancies in the same building. \_\_\_\_\_

23. Adjacent exposures \_\_\_\_\_

24. Is property easily accessible?  Yes  No If no, please explain. \_\_\_\_\_  
 \_\_\_\_\_

25. Neighborhood type:  Residential  Mfg./Industrial  Other \_\_\_\_\_  
 Retail/Comm'l.  Rural

26. Condition:  Stable  Improving  Deteriorating

27. Current photo?  Attached  Not required

28. Inspection?  Ordered  Not required

**VALUATION**

29. How is the amount of insurance determined? \_\_\_\_\_  
 \_\_\_\_\_

30. Date property purchased \_\_\_\_\_ If within 3 years, indicate purchase price. \_\_\_\_\_

**FINANCIAL**

31. How long has applicant been in present business? \_\_\_\_\_

32. Any history of bankruptcy? If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

33. List all outstanding judgments or current legal action against applicant. Please give details: \_\_\_\_\_

34. Are there any affiliated or subsidiary companies? If so, list them by name, address, and nature of association. \_\_\_\_\_

35. Any other unusual circumstances you feel could affect your finances in the near future? \_\_\_\_\_

36. Give gross sales for each of the last three years and gross net profit or loss for each period in round figures:

Year	Sales	Gross Profit (Loss)	Net Profit (Loss)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

37. If the answer to any of the following questions is YES, complete the appropriate section on the reverse side.

	Yes	No
a. Is the applicant other than an individual or sole proprietorship?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there any mortgage payments (building or contents) overdue by 3 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there any tax liens against the property or business?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there any current violations of fire, safety, health, building, construction, or other codes at this location?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have there been any violations of fire, safety, health, building, construction, or other codes within the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
f. Has anyone with a financial interest in this property been convicted of any degree of arson, fraud, or other crime related to loss on property owned now or during the last 10 years? <b>Note: Under Rhode Island law, an applicant failing to disclose an arson conviction when requested on an insurance application is subject to a criminal penalty.</b>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the mortgage other than a federal or state chartered lending institution?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have there been losses during the past 5 years exceeding \$1,000 in damage to other property in which anyone with a financial interest in this property has an equity interest or held a mortgage (except federal or state chartered lending institutions)?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is any portion of the building or any apartment vacant, unoccupied, or seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is there any other insurance in force or to be secured on this property?	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

\_\_\_\_\_  
Signature of Agent or Broker

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

1. **Ownership Information**

List the names and addresses of: Shareholders of a corporation Partners, including limited partners  
Trustees and beneficiaries

Note: List only those possessing an ownership interest of 25% or more, except for closed corporation and beneficiaries where all owners should be listed.

Name	Address	Position	Interest %

2. **Mortgage Payments**

Mortgagee \_\_\_\_\_ Date Due \_\_\_\_\_ Amount Due \_\_\_\_\_

List any other encumbrances: \_\_\_\_\_

3. **Taxes**

Type \_\_\_\_\_ Date Due \_\_\_\_\_ Amount Due \_\_\_\_\_

4. **Code Violations**

Date \_\_\_\_\_ Describe \_\_\_\_\_

5. **Convictions**

Date \_\_\_\_\_ Describe \_\_\_\_\_

6. **Unchartered Mortgagees**

Name \_\_\_\_\_

Explanation \_\_\_\_\_

7. **Losses**

Other Locations

Date

Amount

Description

Other Locations	Date	Amount	Description

8. **Vacancy**

a. Indicate seasonal period (if any) when building is unused. \_\_\_\_\_

b. For apartment buildings, indicate: Total Units \_\_\_\_\_ Unoccupied Units \_\_\_\_\_

c. For other buildings, indicate: Vacancy \_\_\_\_\_ % of Unoccupancy \_\_\_\_\_

d. For all buildings, indicate: Reason for vacancy/unoccupancy \_\_\_\_\_

Anticipated date of occupancy \_\_\_\_\_

e. If the building is vacant or unoccupied, indicate how it is protected from unauthorized entry. \_\_\_\_\_

\_\_\_\_\_

	Yes	No
f. Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is water, sewage, electricity, or heat out of service? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
h. Is there unrepaired damage or have items been stripped from the building? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
i. Is the building for sale? If yes, date put up for sale. _____	<input type="checkbox"/>	<input type="checkbox"/>

9. **Other Policies**

Status

Date

Amount of Insurance

Carrier

Policy #

Status	Date	Amount of Insurance	Carrier	Policy #