

FIRE INSURANCE APPLICATION

1. **INSURED:** _____
DOING BUSINESS AS: _____
2. **MAILING ADDRESS:** _____

3. **RISK LOCATION:** _____
4. **NATURE OF BUSINESS?** _____
5. **CONSTRUCTION?** _____ **YEAR BUILT?** _____
SQ. FEET? _____ **#OF STORIES** _____
TYPE OF WIRING? _____ **TYPE OF HEATING?** _____
TYPE OF ROOF? _____
6. **YEAR OF UPDATES TO BLDG: WIRING** ___ **PLUMBING** ___ **ROOF** ___ **HEATING** ___
7. **YEARS EXPERIENCE?** _____ **FINANCIAL CONDITION?** _____
8. **HAS INSURED EVER FILED BANKRUPTCY ?YES/NO IF YES, WHY?** _____

9. **PROT. CLASS?** _____ **TYPE OF AREA?** _____
10. **DISTANCE TO FIRE DEPT?** _____
DISTANCE TO FIRE HYDRANT? _____
11. **PROTECTIONS ON PREMISES?** _____
12. **LIMITS: BLDG. #1 \$** _____ **CNTS#1 \$** _____
BLDG.#2 \$ _____ **CNTS#2 \$** _____
BLDG.#3 \$ _____ **CNTS#3 \$** _____
BLDG.#4 \$ _____ **CNTS#4 \$** _____
BLDG.#5 \$ _____ **CNTS#5 \$** _____
- BUSINESS INTERRUPTION: \$** _____ **AT** _____ **/** _____ **MONTHLY LIMITATION**
- LOSS OF EARNINGS: \$** _____ **AT 16 2/3%, 25% OR 33 1/3%(CIRCLE ONE)**
- LOSS OF RENTS: \$** _____ **AT** _____ **%COINSURANCE**
- OTHER: \$** _____
13. **COINSURANCE:** _____ **% PML:** _____ **% ACV OR RCV**
14. **DO YOU HAVE ANY OF THE FOLLOWING:**
- A) **DAY CARES** _____
 - B) **NURSERY** _____
 - C) **SCHOOLS** _____
 - D) **CAMPS** _____
 - E) **MOTHER'S DAY OUT PROGRAM** _____
15. **PREVIOUS CARRIER:** _____
IF "NONE" - WHY DOES THE INSURED NOW WANT COVERAGE ? _____

- EXPIRING RATE/TERMS/CONDITIONS:** _____

- DECLINED OR NON-RENEWED? YES/NO IF SO, WHY?** _____

16. **5 YEAR LOSS HISTORY:** _____
