

# PROPERTY APPLICATION

<b>APPLICANT NAME:</b>	
<b>DBA (if applicable):</b>	

## LOCATION #1

<b>ADDRESS:</b>	
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CONSTRUCTION TYPE	DISTANCE TO		PROT CL	# STORIES	YR BUILT	SQUARE FOOTAGE
	HYDRANT	FIRE STATION				
	FT	MI				

<b>BUILDING UPDATES (IF BUILDING IS OLDER THAN 20 YEARS OLD)</b> <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<b>TYPE OF ADJOINING BUSINESS</b> TO THE LEFT: _____ TO THE RIGHT: _____
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<b>CENTRALLY MONITORED ALARM</b>	Central Alarms are monitored by a third party such as ADT. Self-monitored alarm systems do not qualify for theft coverage.
<input type="checkbox"/> YES <input type="checkbox"/> NO	

COVERAGE	AMOUNT	DESCRIPTION
Business Personal Property:		cost to replace juices, devices, accessories, display cases, and other owned business property
Tenants Improvements and Betterments:		cost of construction and other permanent fixtures you've made as a tenant
Business Income with Extra Expense		minimum recommended amount is 2 months of gross sales
Exterior Sign:		cost to replace signage

**ANY PROPERTY CLAIMS IN THE LAST 5 YEARS?**       YES       NO

**If yes, provide details of type of loss and provide loss runs:**

**EXPIRING INSURER INFORMATION:**     Check if none       Check if same as general liability insurer

Name of Insurer: \_\_\_\_\_      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**ADDITIONAL INSURED INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest:     Lessor/Landlord     Loss Payee/Bank

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>APPLICANT NAME:</b>	
<b>DBA (if applicable):</b>	

**LOCATION #2**

**ADDRESS:** \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO		PROT CL	# STORIES	YR BUILT	SQUARE FOOTAGE
	HYDRANT	FIRE STATION				
	FT	MI				

<b>BUILDING UPDATES (IF BUILDING IS OLDER THAN 20 YEARS OLD)</b> <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<b>TYPE OF ADJOINING BUSINESS</b>	
	TO THE LEFT:	_____
	TO THE RIGHT:	_____

**CENTRALLY MONITORED ALARM** Central Alarms are monitored by a third party such as ADT. Self-monitored alarm systems do not qualify for theft coverage.  
 YES     NO

COVERAGE	AMOUNT	DESCRIPTION
Business Personal Property:		cost to replace juices, devices, accessories, display cases, and other owned business property
Tenants Improvements and Betterments:		cost of construction and other permanent fixtures you've made as a tenant
Business Income with Extra Expense		minimum recommended amount is 2 months of gross sales
Exterior Sign:		cost to replace signage

**ANY PROPERTY CLAIMS IN THE LAST 5 YEARS?**     YES     NO  
 If yes, provide details of type of loss and provide loss runs:

\_\_\_\_\_

**EXPIRING INSURER INFORMATION:**     Check if none     Check if same as general liability insurer  
 Name of Insurer: \_\_\_\_\_    Effective Date: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

**ADDITIONAL INSURED INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest:     Lessor/Landlord     Loss Payee/Bank

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>APPLICANT NAME:</b>	
<b>DBA (if applicable):</b>	

**LOCATION #3**

<b>ADDRESS:</b>						
<b>CONSTRUCTION TYPE</b>	<b>DISTANCE TO</b>		<b>PROT CL</b>	<b># STORIES</b>	<b>YR BUILT</b>	<b>SQUARE FOOTAGE</b>
	<b>HYDRANT</b>	<b>FIRE STATION</b>				
	FT	MI				

<b>BUILDING UPDATES (IF BUILDING IS OLDER THAN 20 YEARS OLD)</b> <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<b>TYPE OF ADJOINING BUSINESS</b>	
	TO THE LEFT:	
	TO THE RIGHT:	

**CENTRALY MONITORED ALARM**      Central Alarms are monitored by a third party such as ADT. Self-monitored alarm systems do not qualify for theft coverage.  
 YES       NO

<b>COVERAGE</b>	<b>AMOUNT</b>	<b>DESCRIPTION</b>
Business Personal Property:		cost to replace juices, devices, accessories, display cases, and other owned business property
Tenants Improvements and Betterments:		cost of construction and other permanent fixtures you've made as a tenant
Business Income with Extra Expense		minimum recommended amount is 2 months of gross sales
Exterior Sign:		cost to replace signage

**ANY PROPERTY CLAIMS IN THE LAST 5 YEARS?**       YES       NO  
 If yes, provide details of type of loss and provide loss runs:

**EXPIRING INSURER INFORMATION:**     Check if none       Check if same as general liability insurer  
 Name of Insurer: \_\_\_\_\_      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**ADDITIONAL INSURED INFORMATION:**  
 Name:  
  
 Address:  
 Interest:     Lessor/Landlord     Loss Payee/Bank

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>APPLICANT NAME:</b>	
<b>DBA (if applicable):</b>	

**LOCATION #4**

<b>ADDRESS:</b>						
<b>CONSTRUCTION TYPE</b>	<b>DISTANCE TO</b>		<b>PROT CL</b>	<b># STORIES</b>	<b>YR BUILT</b>	<b>SQUARE FOOTAGE</b>
	<b>HYDRANT</b>	<b>FIRE STATION</b>				
	FT	MI				

<b>BUILDING UPDATES (IF BUILDING IS OLDER THAN 20 YEARS OLD)</b> <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<b>TYPE OF ADJOINING BUSINESS</b>	
	TO THE LEFT:	
	TO THE RIGHT:	

**CENTRALY MONITORED ALARM**      Central Alarms are monitored by a third party such as ADT. Self-monitored alarm systems do not qualify for theft coverage.  
 YES       NO

<b>COVERAGE</b>	<b>AMOUNT</b>	<b>DESCRIPTION</b>
Business Personal Property:		cost to replace juices, devices, accessories, display cases, and other owned business property
Tenants Improvements and Betterments:		cost of construction and other permanent fixtures you've made as a tenant
Business Income with Extra Expense		minimum recommended amount is 2 months of gross sales
Exterior Sign:		cost to replace signage

**ANY PROPERTY CLAIMS IN THE LAST 5 YEARS?**       YES       NO  
 If yes, provide details of type of loss and provide loss runs:

**EXPIRING INSURER INFORMATION:**     Check if none       Check if same as general liability insurer  
 Name of Insurer: \_\_\_\_\_      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**ADDITIONAL INSURED INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest:     Lessor/Landlord     Loss Payee/Bank

Signature: \_\_\_\_\_

Date: \_\_\_\_\_