

**COMMERCIAL INSURANCE APPLICATION**

Producer:  Agency Code:	Company: _____  Effective Date: _____ Type of Coverage: Commercial General Liability OL&T <input type="checkbox"/> M&C <input type="checkbox"/> P&C <input type="checkbox"/> BOP <input type="checkbox"/>
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Named Insured & Address:   Phone Number:	#Years in Business: _____
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Individual       Partnership       Corporation       Joint Venture       Other

Nature of Business/Description of Operations (By Premises)	Limits of Liability	
	Combined Single Limit	Aggregate
	Medical Payments	Each Occ.
	Fire Legal	Each Person      Each Occ.
	Products and Completed Operations	Each Occ.      Aggregate

Description of Coverage	Limit	Premium Basis	Stat Code	Territory	Premium

Location of Property (if different than address)

Construction Type	# of Stories	Yr. Built	Sq. Feet	Payroll	Receipts

Mortgagee name & address:

#1

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#2

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#3

Building improvements: Plumbing Yr. \_\_\_\_\_ Heating Yr. \_\_\_\_\_ Wiring Yr. \_\_\_\_\_ Roofing Yr. \_\_\_\_\_  
 Is property vacant, unoccupied or seasonal? \_\_\_\_\_  
 If insured by more than one company, list each and the amount of coverage \_\_\_\_\_

Commercial cooking? \_\_\_\_\_ If yes, % of total area used \_\_\_\_\_ Limited cooking? \_\_\_\_\_  
 Type of extinguishing system \_\_\_\_\_  
 Exhaust system \_\_\_\_\_ Alarm system \_\_\_\_\_ Is a formal safety program in operation? \_\_\_\_\_  
 Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? \_\_\_\_\_  
 Any catastrophe exposure? \_\_\_\_\_ Any exposure to flammables, explosives or chemicals? \_\_\_\_\_  
 Any other insurance with this company? \_\_\_\_\_ Any policy or coverage declined, non-renewed or cancelled during the past 3 years? \_\_\_\_\_  
 Substandard charges (heating, wiring, cooking, physical condition, housekeeping)? \_\_\_\_\_

**If yes to any of the above questions, please explain below**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prior carrier	Policy Number	Expiration Date
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Loss History: List all claims for the prior 5 years.

Date of Loss	Description of Loss	Amount Paid

Remarks or Comments: \_\_\_\_\_

**UNDERTAKING TO PAY PREMIUMS AND ASSESSMENTS**

The undersigned hereby applies for insurance coverage as set forth in the foregoing application and affirms that the statements and representations made herein are true to the best of my knowledge.  
 Further, I \_\_\_\_\_, of \_\_\_\_\_  
 in consideration of insurance on my buildings and personal property, insured to myself, my heirs and assigns by the \_\_\_\_\_ Mutual Insurance Company, bind myself, and to the extent of their interest in the property my heirs and assigns, to pay to the company the premiums for such insurance and within the period of time stated in the notice of assessment, my share of all legal assessments, if any levied by the company together with all legal costs and charges incurred in legal proceedings to collect any assessment levied upon my and statutory penalties for nonpayment, according to the statutes and the terms and conditions in the policy and any renewals thereof or of the insurance thereunder. My property covered by the insurance, both personal and real, shall be liable for that share, waiving all exemptions.

This policy does not provide or extend coverage to either underinsured motorists coverage or to uninsured motorist coverage.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness (Agent) \_\_\_\_\_

Applicants Signatures

Agency Name \_\_\_\_\_