|  |  |
| --- | --- |
|   | **Business Owners Policy Application****\*\*For multiple locations, complete premises info for each location\*\*** |

# Applicant Information

**Applicant Name Agent name Code**

Click here to enter text. Click here to enter text.

**Applicant mailing address Agent address**

Click here to enter text. Click here to enter text.

**Entity type Applicant Email**

Click here to enter text. Click here to enter text.

**Years of Owner’s Experience** **Application # Policy effective**

Click here to enter text. Click here to enter text. Click here to enter a date.

**Inspection contact name Payment plan (Full, 3,5,10) Date application completed**

Click here to enter text.Click here to enter text.Click here to enter a date.

**Inspection contact phone # Coverage form**

Click here to enter text.Click here to enter text.

**Property Professionally Managed?**

Click here to enter text. **If not professionally managed, tenant screening service used?** Click here to enter text.

**Name of Professional Management Firm**

Click here to enter text.

**Association Membership? (**AOA|AAGLA/CANo) **Any tenant evictions in past 6 months?**

Click here to enter text.Click here to enter text.

# Premises Information

**Loc #1 Address City, State, ZIP**

Click here to enter text.

**Loc #1 Risk type**

Click here to enter text.

**Loc #1 # Buildings** Click here to enter text. **# Stories** Click here to enter text.

**# Units per building** Click here to enter text. **# Total units** Click here to enter text.

**# Square feet** Click here to enter text. **Construction** Click here to enter text. **Roof material** Click here to enter text.

**Pitch of roof** Click here to enter text. **Soft Story or Cripple Wall Board?** Click here to enter text.

**Within 1000' of brush? Within 1000' of shoreline? Distance to fire hydrant Distance between each building**

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

**Soil type Hillside slope (Degrees) Property a manufactured, modular, or trailer home?**

Click here to enter text.Click here to enter text.Click here to enter text.

**Year built Type of parking & Sq Ftg**

Click here to enter text. Click here to enter text.

**Registered historic building Ornate architectural details such as Edwardian or Victorian**

Click here to enter text. Click here to enter text. Applicable if *Year built* ≤ “1930”

# Building Update

**Loc #1 Circuit breakers Knob and tube wiring Aluminum wiring Primary heating source**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

 **Plumbing type Plumbing leaks or has defects? Roof leaks or has defects? Central or Wall heat?**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

# Protection Information – Yes/No

**Loc #1 Earthquake retrofit Surveillance video cameras Barbed wire fencing Carbon monoxide detector**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

**Loc #1 Fire sprinklers(Partial/Full) Fire alarm type Smoke detectors in each unit and all common areas?**

Click here to enter text.Click here to enter text.Click here to enter text.

 **Smoke detectors inspected every 12 mo? Water heater double strapped?**

 **Water heater secured to foundation? Automatic Gas Shut off Valve?**

 Click here to enter text.

**Recreational Facilities**

**Loc #1 # Swimming pools Fully fenced with self-locking gate?**

**Diving board? Gym? Free weights?**

Click here to enter text. Click here to enter text. Click here to enter text.

**Loc #1 Other recreational facilities**? Click here to enter text.

**Occupancy**

**Loc #1 Annual rents or homeowner association dues Vacancy rates exceeds 30%? Day care facility?**

 Click here to enter text. Click here to enter text. Click here to enter text.

 **Units designated for seasonal or vacation**

 **(Includes Air B&B)? % Student housing % Senior housing**

 Click here to enter text. Click here to enter text. Click here to enter text.

 **Designated student housing e.g. dormitory Designated senior housing e.g. assisted living, RCFE?**

 Click here to enter text. Click here to enter text.

 **Tenant name (if office) Type of operation** Click here to enter text.

 Click here to enter text.

 **Restaurant name (if applicable) Seasonal or closed more than 30 consecutive days?**

 Click here to enter text. Click here to enter text.

 **Square feet Seating capacity Annual gross sales Hours of service**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

 **% Gross sales from beer or wine Distilled spirits served? Entertainment? Bar or cocktail lounge?**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

 **Solid fuel cooking such as mesquite, charcoal, or hardwood?** Click here to enter text.

 **Deep fryer? ANSUL system, Hood and Duct Work**

 Click here to enter text.

**Prior Carrier and Loss Information**

**Loc #1 Loss date Paid amount Claim number Claim status Cause of loss**

 Click here to enter a date.

 **Explain any prior loss in the past three years**

 Click here to enter text.

 **Carrier-initiated cancellation in past 3 years?**

 Click here to enter text.

**Property Coverage**

**Loc #1 Building limit Business Personal Property Property deductible BI (18/24 months)**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

 **Building Ordinance Water Back-up (25, 50, 100K) Equipment Breakdown Employee Dishonesty**

Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.

 **Money & Security on Premises (5, 10, 20K) Money & Security off Premises (5, 10, 20K)**

Click here to enter text.Click here to enter text.

 **Terrorism** Click here to enter text.

**Liability Coverage**

**Business Liability per Occurrence General Aggregate Products Completed Aggregate**

Click here to enter text.Click here to enter text.Click here to enter text.

**Damage to Premises Rented Medical (Per Person) Hired and Non-Owned Auto?**

$100,000 $5,000 Click here to enter text.

**Additional Information – Answer Yes/No**

* **Short term lease (less than one year) used for new tenant** Click here to enter text.
* **Lawsuit against owner in past three years** Click here to enter text.
* **Property in foreclosure or bank-owned** Click here to enter text.
* **Annual contract for monthly pest control service** Click here to enter text.
* **Renter’s insuran**c**e required and verified for each unit** Click here to enter text.
* **Premises inspected by Housing Authority or Public Health in past three years** Click here to enter text.
* **Prior defect exists or major repair needed** Click here to enter text.
* **Tenant allegation of living condition, pest infestation, or maintenance issue at
any property** Click here to enter text.

**Additional Interest**

|  |  |  |
| --- | --- | --- |
| **Type** | **Name and address** | **Location** |
| Additional Insured – Designated Person or Organization |  |  |
| Additional Insured – Property Management |  |  |
| Mortgagee |  |  |

 Loss Payee

**Policy Inception date and time:** mm/dd/yyyy 12:01 AM **Policy** **Expiration date and time:** mm/dd/yyyy 12:01 AM

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Applicant’s statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete, and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature** | **Date** | **Agent signature** | **Date** |

**If Applicant declines Terrorism Coverage, Applicant or Agent initial here:**