

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

Tax ID: \_\_\_\_\_

**\*Application - Commercial**

**Business Information**

Name of Business: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Type of Business: Corporation Partnership Individual LLC Trust Other

Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_ No. of Owners / Officers \_\_\_\_\_

Estimated Annual Payroll: \_\_\_\_\_ Estimated Gross Annual Receipts: \_\_\_\_\_

**Prior Insurance (Past 3 Years)**

From (Year)	To (Year)	Insurance Carrier	Approx. Premium

Any Claims in last 5 years? Yes No If Yes, please describe \_\_\_\_\_

**Property Information**

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Value of Building \_\_\_\_\_ Value of Business Personal Property \_\_\_\_\_

Construction type \_\_\_\_\_ Year Built \_\_\_\_\_ Total Sq. ft. \_\_\_\_\_

No. of Stories \_\_\_\_\_ No. of Unit / Offices \_\_\_\_\_

Local or Central Station? Local Central

Sprinklers? Yes No

Has the building been renovated? Yes No If Yes, what year? \_\_\_\_\_

Distance to Fire hydrant 100 200 500

Last Heating update \_\_\_\_\_

Last Electric wiring update \_\_\_\_\_

Last Roof update \_\_\_\_\_

Last Plumbing Update \_\_\_\_\_

Other update \_\_\_\_\_

\*Non-binding