

*Please note: No quotation can be provided unless **all** questions are completed.*

Effective Date Desired: _____

Entity Name: Individual Partnership Corporation Joint Venture LLC

Name of Insured: _____ DBA: _____

FEIN: _____ Years in Business: _____

Yes No Is this a new venture? If yes, years of experience in similar business: _____

Premise Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (If Different From Above): _____

City: _____ State: _____ ZIP: _____

Number of Sole Proprietors, LLC Managers or active Executive Officers: _____

Number of Full-Time Employees/Agents: _____ Number of Part-Time Employees/Agents: _____

Contact Person: _____ Phone Number: _____

Type of Business Activity (percentage of total business gross revenue):

Real Estate Sales _____% Appraisals _____% Mortgage Broker _____%
Leasing _____% Property Management _____% Other: _____%

Total Company Annual Gross Revenue: \$ _____

*Gross revenues are defined as all fees and commissions **before** expenses.*

Total Commissions Paid to Agents (1099s) in the Last 12 Months: \$ _____

Total Payroll Paid to Employees (W2s) in the Last 12 Months: \$ _____

Yes No Do you have any prior/current business owner's policy insurance?

If yes, who is your current insurance carrier? _____

When does your current policy expire? _____

How many years have you been insured? _____

Yes No Is the building within five miles of a responding fire department?
 Yes No Is there a fire hydrant withing 1,000 feet of the building?
 Yes No Is there a central fire alarm?
 Yes No Is the building 100% covered by sprinklers?
 Yes* No Any claims in the last five years? *If yes, please provide type of claim, claim amount and year on a separate sheet of paper. Please also provide a loss run for all years insured.

Property Details

Please note: The square footage, construction type, year built, year roof replaced and year electrical upgraded are all required for general liability terms, even if you are not seeking building coverage. If you do not have this information, please contact your landlord/property owner. They should have this information available.

Occupant is: Tenant Owner Number of Occupancies in Building: _____
 Yes No Is the premise a home office?

Square Footage of Building: _____ Square Footage Occupied by Applicant: _____
 Construction Type: Frame Joint Masonry Non Combustible Masonry NC
 Modified FR Fire Resistive

Year Built: _____ Year Roof Replaced: _____ Year Electrical Upgraded: _____ Number of Stories: _____
 Liability Limit: \$500K/\$1M \$1M/\$2M \$2M/\$4M
 Deductible: \$500 \$1,000 \$2,500 \$5,000

Yes No Would you like coverage for business personal property and computer coverage?
 If Yes, Total Property Value: \$ _____
 Yes No Would you like coverage for the building? If Yes, Building Value: \$ _____
 Yes No Hired/non-owned auto coverage?
 Yes* No Do you need a waiver of subrogation? *If yes, complete the information below.

Yes*

No

Do you need any additional insureds?

*If yes, complete the information below.

Type:

Landlord

Mortgagee Equipment Lessee

REO Vendor

Other: _____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Print Name: _____ Signature: _____

Date: _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage 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.