# Small Business Insurance Application

## General Information

| | |
|---|---|
| Named Insured: | |
| Select Entity Type: | |
| Country of Residence: | |
| Country of Registration: | |
| Primary Address, City, State, Zip: | |
| Mailing Address, City, State, Zip: | |
| Contact Person: | |
| Phone / Fax: | |
| Email: | |
| Website: | |
| Year Business Established: | |
| Federal ID / Social Security Number: | |
| Description of Operations: | |

## General Questions

| | |
|---|---|
| Do you own (50% or more) or operate any other business? | |
| Do you use sub-contractors? | |
| If yes to use of sub-contractors, do you require certificates of insurance naming you additional insured for all sub-contractors? | |
| How many years of management experience in the trade does the business owner have? | |

# Small Business Insurance Application

## Insurance History

| | Yes / No |
|---|---|
| Any insurance declined or cancelled in the past 3 years? | |
| If yes provide details: | |
| Any losses in the past 3 years? If yes, provide details below. | |

| Policy / Line | Date of Loss | Description of Loss | Amount of Loss |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |

| | Yes / No |
|---|---|
| Any prior insurance coverage? If yes, provide details below. | |

| Policy Type | Carrier | Policy # | Expiration Date | Premium |
|---|---|---|---|---|
| | | | | $ |
| | | | | $ |

## Business Details

| Annual Revenue (gross sales or billings $) | |
|---|---|
| Number of employees | |

# Small Business Insurance Application

<u>Building Details</u>

| | |
|---|---|
| Type of Construction: | |
| Year Built: | |
| If older than 15 years, year of most recent updates to: | Year |
|     Wiring | |
|     Heating | |
|     Plumbing | |
|     Roofing | |
| Total Area of building (square feet): | |
| % of Building Square Footage Occupied by Applicant: | |
| Number of Employees at Location: | |
| Number of Stories: | |
| Other Building Occupants by Type (residential, office, retail, manufacturing…): | |
| Sprinklered?: | |
| Square Footage of Building that is Unoccupied / Vacant: | |
| Burglar alarm company, if any: | |

<u>Coverages</u> (Note that not all coverages listed are available for all applications or in all states.)

Dates of Coverage:  Effective ___/___/___

General Liability

| Coverage | Limit | Deductible |
|---|---|---|
| Occurrence | | N/A |
| Aggregate | | N/A |
| Number of Additional Insureds | | N/A |
| Waiver of Subrogation (Include or Exclude) | | N/A |

# Small Business Insurance Application

Coverages (continued):

Automobile

| Coverage | Limit | Deductible |
|---|---|---|
| Hired & Non-Owned Auto Liability | | N/A |
| Waiver of Subrogation (Include or Exclude) | | N/A |
| Hired & Non-Owned Auto Physical Damage per Vehicle | | |
| Hired & Non-Owned Auto Physical Damage Aggregate | | |

*If you requested Hired & Non-Owned Auto coverage, please complete the following:*

| | |
|---|---|
| Annual Cost of Vehicle Rental $ | |
| Do employees regularly use personal vehicles for company business? | |
| If yes, how many times per week? | |

Workers Compensation*

| Coverage | Limit | Deductible |
|---|---|---|
| Employer's Liability | | N/A |
| All States Endorsement (Include or Exclude) | | N/A |
| Waiver of Subrogation (Include or Exclude) | | N/A |

*If you requested workers comp coverage, please complete the following:*

| | |
|---|---|
| Number of full-time employees | |
| Number of part-time employees | |
| Total Compensation (pay $) | |

Property Coverage

| Coverage | Limit | Deductible |
|---|---|---|
| Building | | |
| Business Personal Property | | |
| Tenant's Improvements and Betterments | | |
| Personal Property of Others | | |
| Computer Equipment & Software | | |
| Fine Art | | |
| Photography Equipment | | |
| Business Income | | |
| Other | | |

Excess Liability

| Coverage | Limit | Deductible |
|---|---|---|
| Occurrence Limit | | N/A |
| Aggregate Limit | | N/A |

# Small Business Insurance Application

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature:_____     Date:_____