



VGM INSURANCE
PO BOX 1328
WATERLOO, IA 50704
PHONE 800-362-3363 FAX 319-235-6656

Application for Property

- Only FULLY COMPLETED applications will be considered for underwriting.

Effective Date: _____ Need by Date: _____

Applicant Name: _____

Business Name/DBA: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Applicant Email Address: _____

Applicant Website: _____

Federal ID# : _____ Unemployment # if applicable: _____

Current Carrier(s) and Premium: _____

Year Business was Established: _____

Are you a subsidiary of another entity or do you have any subsidiaries? _____

Any bankruptcies, tax or credit liens against you? (respond only if State Law permits) _____

Products and Services Offered by Your Business: _____

Individual: _____ Partnership: _____ C - Corp.: _____ S - Corp: _____ Limited Liability: _____

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 ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUSBSTANTIAL) 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).

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Signature of Insured Date

PROPERTY SECTION

Company Name _____

Main (physical address) _____

Burglar Alarms: Central Local None Sprinklers: Yes No
Fire Alarms: Central Local None Miles from Fire Dept: _____
Fire Hydrant Available: Yes No

Year Built*: _____ Building Construction: _____ Sq Foot you occupy: _____
Sq Foot Total Bldg: _____ No of Stories: _____
List other occupants of building & type of business performed _____

***Last update: Plumbing/Year _____ Wiring/Year _____ Roof/ Year _____ AC/Heat/Year _____**
*(If the building age is less than 25 years old you do not have to complete the section indicated "Last update")

Business Personal Property Coverage Desired: \$ _____
Building Coverage Desired:\$ _____

Deductible Options: \$500 \$1,000 \$2,500 \$5,000

Construction Types: Frame - Joisted Masonry - Noncombustible - Masonry Noncombustible

Loc# _____ (physical address) _____

Burglar Alarms: Central Local None Sprinklers: Yes No
Fire Alarms: Central Local None Miles from Fire Dept: _____
Fire Hydrant Available: Yes No

Year Built*: _____ Building Construction: _____ Sq Foot you occupy: _____
Sq Foot Total Bldg: _____ No of Stories: _____
List other occupants of building & type of business performed _____

***Last update: Plumbing/Year _____ Wiring/Year _____ Roof/ Year _____ AC/Heat/Year _____**
*(If the building age is less than 25 years old you do not have to complete the section indicated "Last update")

Business Personal Property Coverage Desired: \$ _____
Building Coverage Desired:\$ _____

Deductible Options: \$500 \$1,000 \$2,500 \$5,000

Additional Property Questions

Loc# _____ (physical address) _____

Burglar Alarms: Central Local None Sprinklers: Yes No
Fire Alarms: Central Local None Miles from Fire Dept: _____
Fire Hydrant Available: Yes No

Year Built*: _____ Building Construction: _____ Sq Foot you occupy: _____
Sq Foot Total Bldg: _____ No of Stories: _____
List other occupants of building & type of business performed _____

*Last update: Plumbing/Year _____ Wiring/Year _____ Roof/ Year _____ AC/Heat/Year _____
*(If the building age is less than 25 years old you do not have to complete the section indicated "Last update")

Business Personal Property Coverage Desired: \$ _____

Building Coverage Desired: \$ _____

Deductible Options: \$500 \$1,000 \$2,500 \$5,000

Please make a copy of this page for additional locations

1) Has coverage been cancelled/ non-renewed in past 3 years? (respond only if State Law permits)

2) Any property claims during past 3 years? Yes No

Description of Loss

Date of Loss

OPTIONAL COVERAGES

Do you want Earthquake Insurance?: Yes No

Do you want Flood Insurance? Yes No

Are you located within 25 miles of a coast? Yes No Are you located within 50 miles? Yes No

Pharmacy Applications Only (complete questions 1 – 5)

1. What are the average and maximum values of the prescription drug supply?
Average: _____
Maximum: _____

2. How long would it take to replace an inventory of pharmaceuticals?

3. How is the store secured? _____

4. How is the prescription drug dept secured? _____

5. How is access limited to the prescription filling and pharmaceutical storage areas?

Signature of Insured

Date