



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: _____

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

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

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

Please make a copy of this page for additional locations

1) 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 (Not Available in CA or WA)

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

Wind & Hail: No Coverage offered in Florida. Coverage may be subject to a deductible of \$10,000.

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