



PROPERTY APPLICATION

Proposed Effective Date _____

Legal Named Insured (full name of all companies to be insured under this policy)

DBA _____

Entity is: S Corp C Corp Individual Partnership Limited Partnership LLC Other

If other, please describe: _____

Website _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Physical Address _____

City _____ State _____ ZIP _____ County _____

Contact Person _____ Email _____

Phone No. _____ Fax No. _____

FEIN _____ Medicare Provider No. _____

NPI No. _____ Unemployment No. _____

VGM MEMBER No. _____ OPGA/POINT MEMBER No. _____ AAHOMECARE MEMBER No. _____

I would also like to receive a competitive quote for the following:

- Property Workers' Compensation Cyber/Data Breach Business Auto
- Flood Earthquake Inland Marine Employment Practices Liability

Location Information

Location No. _____ Physical Address _____

City _____ State _____ ZIP _____ County _____

Building Type: Retail Store Warehouse Office Other

If other, please explain. _____

Burglar Alarms: Central Local None

Fire Alarms: Central Local None

Sprinklers: Yes No If yes, what percentage? _____

Roof Type: Clay/Concrete Tile Built Up w/Gravel Built Up w/o Gravel (Smooth Surface)

Asphalt Shingles Metal Wood Shingles/Shakes Single Ply Membrane

Construction Types: Frame Jointed Masonry Noncombustible Masonry Noncombustible
Year Built _____ Total Square Feet of Building _____ Total Square Feet You Occupy _____
Last Update: Plumbing/Year _____ Wiring/Year _____ Roof/Year _____ AC/Heat/Year _____
Number of Stories _____

Office Furniture Limit \$ _____ Product Inventory Limit \$ _____

Requested Business Income Limit \$ _____

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

Is any portion of the building vacant? Yes No If yes, what percentage? _____

Do you own the building? Yes No If yes, what is the requested building limit? _____

If yes, is it owned under the same legal business name indicated on this application? Yes No

If no, please list the legal business name and address.

Legal Business Name _____

Physical Address _____

City _____ State _____ ZIP _____ County _____

If the building is not owned, are you contractually required to carry building coverage on the address listed above?

Yes No

If yes, what is the contractually required building limit? _____

Is the building occupied 100% by your business? Yes No

If no, list the other occupants' type of business (retail, office, wholesale, etc.) and the business performed.

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Do you have another location? Yes No

Location No. _____ Physical Address _____

City _____ State _____ ZIP _____ County _____

Building Type: Retail Store Warehouse Office Other

If other, please explain. _____

Burglar Alarms: Central Local None

Fire Alarms: Central Local None

Sprinklers: Yes No If yes, what percentage? _____

Roof Type: Clay/Concrete Tile Built Up w/Gravel Built Up w/o Gravel (Smooth Surface)

Asphalt Shingles Metal Wood Shingles/Shakes Single Ply Membrane

Construction Types: Frame Jointed Masonry Noncombustible Masonry Noncombustible

Year Built _____ Total Square Feet of Building _____ Total Square Feet You Occupy _____

Last Update: Plumbing/Year _____ Wiring/Year _____ Roof/Year _____ AC/Heat/Year _____

Number of Stories _____

Office Furniture Limit \$ _____ Product Inventory Limit \$ _____

Requested Business Income Limit \$ _____

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

Is any of the building vacant? Yes No If yes, what percentage? _____

Do you own the building? Yes No If yes, what is the requested building limit? _____

If yes, is it owned under the same legal business name indicated on this application? Yes No

If no, please list the legal business name and address.

Legal Business Name _____

Physical Address _____

City _____ State _____ ZIP _____ County _____

If the building is not owned, are you contractually required to carry building coverage on the address listed above?

Yes No

If yes, what is the contractually required building limit? _____

Is the building occupied 100% by your business? Yes No

If no, list the other occupants' type of business (retail, office, wholesale, etc.) and the business performed.

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Type of Business _____ Business Performed _____

Historical Insurance Information

Current Carrier(s) and Premium _____

Have you had any property claims during the past five years? Yes* No N/A

***If yes, please provide a copy of your loss runs for the past five years.**

Has your coverage been cancelled/non-renewed in the past five years? Yes No N/A

(Respond only if state law permits)

If yes, please explain _____

Transit Exposures (complete if applicable)

Do you ship any products or inventory? Yes No

If yes, describe the covered property _____ Limit of Insurance \$ _____

Do you transport any property? Yes No

If yes, what is the maximum amount in any one vehicle? \$ _____

What is the total value of property in transit at any given time? \$ _____

Off-Premises Exposures (complete if applicable)

Is there property being stored at any location not listed on the application? Yes No

If yes, provide location _____ Amount of Inventory \$ _____

Does any property remain in the possession of a salesperson or other company employee overnight? Yes No

If yes, provide approximate amount \$ _____

Pharmacy Exposures (complete if applicable)

What is the average and maximum values of the prescription drug supply?

Average \$ _____ Maximum \$ _____

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

How is the store secured? _____

How is the prescription drug department secured? _____

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

FRAUD WARNING

YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY, INCLUDING READING AND EXECUTION OF THE WARRANTY AND FRAUD STATEMENTS CONTAINED BELOW.

Applicant's warranty statement: The undersigned states, represents and warrants that, to the best of his/her knowledge and belief and upon reasonable inquiry, the particulars and Statements set forth and the information contained in documents, if any, attached to this Application are true and accurate and agree that such particulars, statements and information are material to the acceptance of any risk assumed by the Company. The undersigned further declares and agrees that, if any claim, incident or event taking place prior to the effective date of any insurance applied for pursuant to this Application may render inaccurate, untrue or incomplete any statement, particular, or information contained in or attached to the Application, he or she will, as a condition to the effectiveness of any insurance issued pursuant to this Application, immediately report such in writing to the Company, and the Company may in its sole discretion withdraw or modify any outstanding quotations, proposed terms and/or any authorization or agreement to bind the insurance. The signing of the Application does not bind the applicant to purchase the insurance, nor does the review of the Application by the Company bind the Company to issue a policy. It is understood that the Company is relying on the Application and all attachments thereto in the event the policy is used. It is agreed that this Application, including any attachments thereto and material submitted therewith, shall be the basis for the issuance of any policy as to which this Application applies and the Application and any attachments thereto may be attached to and become a part of the policy issued.

Any person who knowingly and with intent to defraud any insurance company or other entity or person submits an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material to the Application, statement of claim or any other submission, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SPECIFIC STATE FRAUD WARNINGS:

PLEASE CAREFULLY REVIEW THE BELOW WARNING THAT IS APPLICABLE TO THE APPLICANT

APPLICABLE IN CT, GA, HI, IL, IA, MA, MI, MS, MO, MT, NE, NV, NC, ND, SC, SD, VT, WI & WY: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit with the intent to defraud or deceive any insurer is guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits

APPLICABLE IN ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

APPLICABLE IN ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.

APPLICABLE IN LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK: GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA: GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

APPLICABLE IN RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The above has been read and understood by the Applicant.

SIGNATURE OF APPLICANT: _____

(Must be signed by a principal, partner or officer of the Applicant who is duly authorized to execute this Application on behalf of and as binding on the Applicant)