



Allen Financial Insurance Group

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name: _____ Policy Number: _____

D/B/A: _____ Effective Date: _____

Sole Proprietorship Partnership Corporation Other _____

Mailing Address: _____ Zip _____

Location Address: _____ Zip _____

If you have a website, include your website address: _____

Mortgagee: _____ Zip _____

Loan Number: _____ Expiration Date: _____

Loss Payable: _____ Interest: _____

Additional Insured: _____ Interest: _____

Business of Applicant _____ Insp Contact Name & # _____

Years Management Experience _____ Age of Building _____ # of Stories _____

Hours of operation? _____

Apt. Sq. Ft. _____ Office Sq. Ft. _____ Merc Sq. Ft. _____ Total Sq. Ft. _____

Description of mercantile occupancies _____

Area Occ. By Insured _____ # of Apt. Units _____ Sales/Receipts _____

% of property vacant _____ % % of property unoccupied _____ %

Electrical system checked by qualified electrician? Yes No If yes, when? _____

Is the electrical system connected to circuit breakers? Yes No

Is the electrical system aluminum or knob and tube? Yes No

Heating system checked by a qualified contractor? Yes No If yes, when? _____

If the roof is flat; has it been re-coated in the past 10 years? Yes No

Age of the roof? _____ Electrical Update? _____ Plumbing Update? _____ Heating Update? _____

Is the plumbing completely PVC or Copper? Yes No

Are storage areas and aisles clean and trash disposed of properly? Yes No

Is there evidence of water damage, broken windows, or breaks in pavements or floor? _____

Any "special" hazards (raised walks, street elevators, etc.)? _____

Is the property eligible according to our coastal guidelines? Yes No

Is the property seasonal or time share? Yes No

Are there smoke detectors in each unit? Yes No

Are there smoke detectors in all common and mechanical equipment areas? Yes No

Any special protective devices, clothing, etc. in use? Yes No

Formal training program for new employees? Yes No

Any alarm system? Yes No Central Local

Loss History

<i>Date</i>	<i>Type/Description</i>	<i>Paid</i>	<i>Reserved</i>	<i>Open/Closed</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Carrier _____ Premium \$ _____

Building Exposures

	<i>North</i>	<i>South</i>	<i>East</i>	<i>West</i>
Occupancy	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Construction	_____	_____	_____	_____

Deductible \$1,000 \$2,500 \$5,000 Other _____
 Liability \$300,000 \$500,000 \$1,000,000 \$2,000,000
 Class Code _____ Rate Number _____ Rate Group _____ Terr. _____ Prot. Class _____
 Construction _____ Actual Cash Value Replacement Cost
 Building Limit \$ _____ Contents Limit \$ _____ Automatic Increase % _____
 Business Income Limit \$ _____
 Cause of Loss: Standard Special Special excluding theft Special with theft limit \$ _____
 Burglar Alarm Local Central Station (Attach copy for Alarm Credit) 24 hr watchman
 Fire Alarm Local Central Station Sprinkler System

Optional Coverages

Employee Dishonesty Limit \$ _____ Number of Employees _____
 Burglary & Robbery (standard form only) \$ _____
 Money & Securities (special form only) \$ _____ Inside \$ _____ Outside
 Outdoor Signs \$ _____ First Floor Exterior Glass Sq. Ft. _____ Above First Floor _____
 Interior First Floor Glass Sq. Ft. _____ Above First Floor Sq. Ft. _____
 Equipment Breakdown Yes No
 Does applicant have a refrigeration maintenance agreement? Yes No
 Hired Auto Desired? _____ Nonowned Auto Desired _____
 Do employees regularly drive their cars on company business? Yes No
 Excess Fire Legal (\$50,000 included) \$ _____
 Condominium Unit Owner Loss Assessment Limit \$ _____ Misc. Real Property Limit \$ _____
 Accounts Receivable Limit \$ _____ Valuable Papers Limit \$ _____ EDP Equipment Limit \$ _____ Media Limit \$ _____

Cooking Supplement

Is the cooking area, hood and duct system protected per NFPA 96? Yes No
 Is there a cleaning contract in force with an outside firm? Yes No

Fraud Statement: 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 violations.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSUREDS) AUTHORIZED AGENT OR BROKER:

Agent: _____ Address _____

Special Agent or Broker to: _____

Insureds Signature: _____

BPA (1-03)

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