

Supplemental Application Small Commercial



Agency or Broker Information

Agency/Brokerage Name: _____

Producer Name: _____

Telephone: _____ Email: _____

Insured Information

Name: _____ Effective Date: _____

Location Information *(if more than 3 locations, attach a separate sheet)*

Location [1]: _____ Occupancy: _____

Location [2]: _____ Occupancy: _____

Location [3]: _____ Occupancy: _____

Building Information *(if more than 3 buildings, attach a separate sheet)*

Details	Loc:	Bldg:	Loc:	Bldg:	Loc:	Bldg:
Year Built						
Construction						
# of Stories						
Total Square Footage						
Roof Cover						
Roof Shape						
Protection Information	<input type="checkbox"/> Burglar		<input type="checkbox"/> Burglar		<input type="checkbox"/> Burglar	
	<input type="checkbox"/> Fire		<input type="checkbox"/> Fire		<input type="checkbox"/> Fire	
	<input type="checkbox"/> Sprinkler		<input type="checkbox"/> Sprinkler		<input type="checkbox"/> Sprinkler	
System Updates (year of last update)		Roof		Roof		Roof
		Plumbing		Plumbing		Plumbing
		Electrical		Electrical		Electrical
		HVAC		HVAC		HVAC

Limits and Coverage

Coverage Type	Loc:	Bldg:	Loc:	Bldg:	Loc:	Bldg:
Building Limit						
Business Personal Property						
Business Income						
Signs or Misc Property						
Liability Limit						
Named Storm Deductible						
AOP Deductible						
Sublimit Package	<input type="checkbox"/> Bronze		<input type="checkbox"/> Bronze		<input type="checkbox"/> Bronze	
	<input type="checkbox"/> Silver		<input type="checkbox"/> Silver		<input type="checkbox"/> Silver	
	<input type="checkbox"/> Gold		<input type="checkbox"/> Gold		<input type="checkbox"/> Gold	
Terrorism [TRIA]						
Earthquake						
Cyber						
Sinkhole [FL only]						

Underwriting Questions

1. Do any the following hazards exist at any subject location? Federal Pacific Panels: Aluminium Wiring:
Solid fuels for cooking or heating: Highly flammable contents, such as fireworks or bulk flammable liquids, etc.:
2. Is the risk at least 50% occupied throughout the year [less than 50% may not be eligible]?
3. Do any of the following characteristics exist at any subject location?
Building under construction or renovation Building over water Building without permanent foundation / mobile home or trailer National registry building More than 20% EIFS on the building
50% or more of building glass Converted dwelling
4. Has the customer had any of the following in the past 5 years? Prior cancellations / Non-renewals from a previous carrier
Bankruptcy / Foreclosure Property claims (including roof leaks) at any subject location (loss history is required)
5. Does the risk have any Section 8 HUD tenants or student housing?
6. Years experience the insured has operating this type of business (including current and past owned ventures)?

Insured Contact

Name: _____
Telephone: _____ Email: _____

Inspection Contact

Name: _____
Telephone: _____ Email: _____

Loss History

Date of Loss	Type of Loss	Amount Paid/Reserved	Status

Additional Notes to Underwriting