

PROPERTY APPLICATION

Name of Applicant: _____

Address: _____

Person to Contact: _____ Phone: _____

Proposed Effective Date: _____

Coverages Requested:

- | | |
|--|--|
| <input type="checkbox"/> Cause of Loss - Special | <input type="checkbox"/> Agreed Amount |
| <input type="checkbox"/> Actual Cash Value | <input type="checkbox"/> Blanket |
| <input type="checkbox"/> Replacement Cost | |

Sections Requested:

- | | | |
|--|--------------------------|---------------|
| <input type="checkbox"/> Real/Personal Property | (attach schedule) | Ded: \$ _____ |
| <input type="checkbox"/> Miscellaneous Property | (attach schedule) | Ded: \$ _____ |
| <input type="checkbox"/> Electronic Data Processing Equipment | (attach schedule) | Ded: \$ _____ |
| <input type="checkbox"/> Fine Arts | (attach schedule) | Ded: \$ _____ |
| <input type="checkbox"/> Increased Money & Securities (10,000 automatic) | Total Amount: \$ _____ | |
| <input type="checkbox"/> Employee Dishonesty | (Completed app required) | |
| <input type="checkbox"/> Boiler & Equipment Breakdown | (Completed app required) | |
| <input type="checkbox"/> Flood | Limit: \$ _____ | Ded: \$ _____ |
| <input type="checkbox"/> Earthquake | Limit: \$ _____ | Ded: \$ _____ |

Special Instructions: _____

Losses Past Three (3) Years: Provide Loss Runs or Signed Statement on applicants letterhead

Current Carrier Information:

Name: _____

Limits: _____

Premium: _____

