

COMMERCIAL FIRE APPLICATION



Agent Name _____ Code _____
 Address _____ City _____ State _____ Zip _____

APPLICANT INFORMATION

Applicant's name _____ Address _____
 City _____ State _____ Zip _____ Phone # _____
 Proposed effective date From _____ to _____ (12:01 a.m., standard time at the address of the applicant)

Please answer all questions

1. Applicant is: Individual Corporation Partnership Joint Venture Other (specify) _____
 2. Number of years in business _____ 3. Applicant's SSN and/or Fed. Tax ID# _____

Describe all business operations conducted by applicant: _____

PREMISES INFORMATION

	Street	City	County	State	Zip	Interest	Part Occupied
Location 1							
Location 2							
Location 3							

PREVIOUS CARRIERS AND LOSS INFORMATION (LAST 3 YEARS)

Any losses in the past 3 years? Yes No

Year	Company	Policy #	Premium	Date of loss	Losses paid/reserved with description

Any other insurance with this company or being submitted? (Please list name(s) and/or policy number(s)) Yes No
 Name _____ Policy # _____ Name _____ Policy # _____

Any policy or coverage declined, cancelled, or non renewed during the prior three years? Why? Yes No
 (Not applicable in Missouri) If Yes, describe: _____

PREMISES INFORMATION

Exposure	Amount Requested	Coins.%	ACV/Repl.Cost	Cause of Loss	Deductible	Special Condition
Building						
Building						
Building						
Contents						
Contents						
Contents						
Business Interruption						
Business Interruption						
Business Interruption						
Other						
Other						
Other						

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Building # _____ Mortgage or loss payee _____

Additional coverages, restrictions and endorsement information _____

Other _____ Participating on risk _____

1. _____ %

2. _____ %

Construction type _____ Protection class _____ # of stories _____ Total Sq. Ft. _____

Sprinklered? _____ Yes _____ No Operable smoke detectors? _____ Yes _____ No Year _____

BUILDING REMODELING (INCLUDE YEAR)

Wiring? _____ Yes _____ No Year _____

Heating? _____ Yes _____ No Year _____

Plumbing? _____ Yes _____ No Year _____

Roof? _____ Yes _____ No Year _____

Fire Type _____ Local _____ Central Station

Burglar Alarm Type _____ Local _____ Central Station

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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.

IMPORTANT NOTICE: AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

Agent's Name _____ Agent License Number _____

By signing this application for insurance, I hereby authorize and instruct OWENS INSURANCE AGENCY, INC. to obtain and review my credit report. My credit report will be obtained from Equifax and I understand and agree that OWENS INSURANCE AGENCY, INC. intends to use the credit report for the purpose of evaluating and underwriting my application for insurance.

I authorize: _____ I do not authorize _____