

Insurancefast.com
Commercial Business Application
Return via Fax to: (850) 244-2610 Call (850) 244-3387

GENERAL INFORMATION

Name of Business _____

Address 1 _____

Address 2 _____

State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Business Organized as () Corporation () General Partnership () Limited Liability Co. () Sole Proprietor

Administrative Contact: _____

Please give a brief description of your business products and/or services:

Approximate Annual Gross Receipts _____

Type of Commercial Insurance Requested (Check where appropriate)

- () Commercial Property / Building Coverage
- () General Liability Coverage
- () Builder's Risk Coverage
- () Heavy Machinery and Construction
- () Professional Liability
- () Business Package Policy (property and liability)

Business Questionnaire:

Is the applicant a subsidiary of another entity or do you have subsidiaries _____

Is a formal safety program in operation _____

Any exposure to flammables, explosives, chemicals _____

Have you had any policy or coverage declined, cancelled, or non-renewed during the past 3 years _____ If yes, please explain:

REQUIRED PROPERTY INFORMATION

Distance to Fire Hydrant _____
Distance to Fire Station _____ miles
Fire Protections System installed () yes ()no
If yes, what type () sprinkler system () monitored alarm ()alarm only

Building Improvements (Only complete if building is over 25 years old)

() Wiring Year Completed _____
() Roofing Year Completed _____
() Plumbing Year Completed _____
() Heating/Cooling Year Completed _____
() Structural Year Completed _____

Do you have a Burglar alarm system installed ()yes ()no
If yes, what type of system ()monitored alarm ()sound alarm only () Guard or Watchman

COMMERCIAL GENERAL LIABILITY SECTION

Requested Liability Limits (Each Occurrence / Annual Maximum)
() 100,000 /100,000
() 100,000 /300,000
() 300,000 /300,000
() 300,000 /600,000
() 500,000 /500,000
() 500,000 / 1mm
() 1mm / 1mm
()1mm / 2mm

FOR CONTRACTORS:

Number of Owners/Officers or Partners _____
Estimated Annual Payroll \$ _____
Estimated Annual Cost of SubContractors \$ _____
Estimated Annual Receipts/Revenue \$ _____
Does applicant draw plans, designs, or specifications ()yes ()no
Do any operations include blasting or utilize or store explosive material ()yes ()no
Do any operations include excavation, tunneling, underground work or earth moving ()yes ()no
Are subcontractors allowed to work without certificates of insurance ()yes ()no
Does applicant lease equipment to other with or without operators ()yes ()no
Does applicant operate heavy machinery and equipment ()yes ()no

Has any product, service, work, accident, or location been excluded, uninsured, or self-insured, from any previous coverage? _____, If yes please give a brief explanation:

PRODUCTS/COMPLETED OPERATIONS

Estimated Annual Gross Sales \$ _____

Does applicant install, service, demonstrate products ()Yes ()No

Foreign products sold, distributed, used as components ()Yes ()No

Research and development conducted or new products planned ()Yes ()No

Products related to aircraft/space industry ()Yes ()No

Products recalled, discontinued, changed ()Yes ()No

Products of others sold or repackaged under applicant label ()Yes ()No

ADDITIONAL INTERESTS/ CERTIFICATE RECIPIENTS

Name and Address of Additional Insured Interest _____

FINAL QUESTIONS

Have any past, present, or discontinued operations involved storing, treating, discharging, applying, disposing, or transporting of hazardous material? ()Yes ()No

Any operations sold, acquired, or discontinued in the last 5 years ()Yes ()No

Machinery or equipment loaned or rented to others ()Yes ()No

Any watercraft, docks, floats owned, hired, or leased ()Yes ()No

Is there a swimming pool on the premises ()Yes ()No

Any structural alterations contemplated ()Yes ()No

Any demolition exposure contemplated ()Yes ()No

Do you lease employees to or from other employers ()Yes ()No

Are day care facilities provided ()Yes ()No

DISCLOSURE INFORMATION I have read all application completely. I agree that all statements and answers are true and complete to the best of my knowledge and belief, and shall form a part of any policy issued.

I understand the information provided is for the sole purpose of requesting insurance coverage and that there is absolutely no implication that I have/or will have insurance coverage until notified in writing by the appropriate company. I further understand that insurancefast.com is not the insurance company and are acting as independent insurance agents.

SIGNATURE OF APPLICANT

TITLE

DATE _____

**THANKS FOR COMPLETING APPLICATION
PLEASE RETURN TO OUR OFFICE VIA FAX (850) 244-2610**