

PROPERTY INSURANCE:

CLIENT:		POLICY NUMBER:	
Location to be insured:			
Distance to Hydrant:		Distance to responding fire department:	
Year Built:	# of Stories:	Building Construction Type:	
Heating: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:		Electrical: 100 amp Breakers	Fuses
Occupancy: 1 st Floor:	2 nd Floor:	3 rd Floor:	
Burglary Alarm: Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitored: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinklered: Yes <input type="checkbox"/> No <input type="checkbox"/>	

COVERAGE REQUIRED:

LIMITS REQUIRED:

Building - All Risk or Named Perils - ACV, \$1,000 Deductible
Contents - All Risk or Named Perils - ACV, \$500 Deductible (Office contents, furniture, etc.)
Computer Equipment - All Risk (premises only) or Named Perils - ACV, \$500 Deductible
Equipment - All Risk (premises only) or Named Perils, ACV, \$500 Deductible, on a scheduled basis only
MISCELLANEOUS PROPERTY FLOATER- All Risk or Named Perils - ACV, \$500 Deductible
Miscellaneous Equipment - if kept on premise only (no coverage while in use - PLEASE PROVIDE SCHEDULE) - All Risk, ACV

OPTIONAL COVERAGES:

Flood & Earthquake (restrictions in Cresta Zone 1)
Sewer Back Up
By Laws Coverage – 15% Sublimit
Sign Coverage
Glass Coverage

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name:	Position Held:
Signature:	Date:
Brokerage:	Broker Name:
Broker Email:	Broker phone::