

**APPLICATION FOR OFFICE PROPERTY & GENERAL LIABILITY INSURANCE**

**GENERAL INFORMATION**

Name of Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Website Address: \_\_\_\_\_

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Fed ID#: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

For the following questions, if answer is "Yes", please provide full details and attach to this application.

Is the Applicant a subsidiary of another entity? Yes No

Any operation or property owned/leased/occupied that is not covered under this policy? Yes No

Was previous coverage non-renewed, cancelled or in an assigned risk program? Yes No

Policy Period Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

General Liability Limit (Please indicate limit):

\_\_\_\_\_ \$1,000,000 occurrence/\$2,000,000 aggregate \_\_\_\_\_ \$2,000,000 occurrence/\$4,000,000 aggregate

Property Deductibles (other than Optional Coverages) Circle One:

\$500      \$1,000      \$2,500      \$5,000      \$10,000      \$25,000

Optional Coverages:

Non-Owned Autos	Yes	No
Hired Autos	Yes	No
Commercial Auto (Owned)	Yes	No
Workers Compensation	Yes	No
Umbrella	Yes	No

**ACCOUNT HISTORY**

1. TYPE	<u>INSURER</u>	<u>POLICY#</u>	<u>EXP DATE</u>
Package/General Liability	_____	_____	_____
Business Auto	_____	_____	_____
Umbrella	_____	_____	_____

2. Have there been any lawsuits/claims or occurrences that may give rise to claims for the prior 5 years? (Including Auto & Umbrella) Yes No

**If "Yes",** please provide the following information on a separate sheet of paper, the Date of loss, Description of Cause of Loss, Amount Paid and Remedial Action taken to prevent recurrence.

Number of Locations to be covered by this policy: \_\_\_\_\_

**(Note: If multiple locations, this page must be copied and completed for EACH location.)**

**LOCATION ADDRESS (INCLUDE COUNTY):** \_\_\_\_\_ **Location#** \_\_\_\_\_

**COVERAGES AND LIMITS**

- 1. Building (Replacement Cost; Only if owned by applicant) \$ \_\_\_\_\_
- 2. Contents (Replacement Cost; Furniture & Fixtures) \$ \_\_\_\_\_
- 3. Improvements & Betterments \$ \_\_\_\_\_
- 4. Optional Property Coverage:
  - A. Computer; Please schedule all single components with a value greater than \$5,000 and attach to this application \$ \_\_\_\_\_
  - B. Valuable Papers & Records \$ \_\_\_\_\_
  - C. If you are required to carry glass coverage, provide linear feet. \_\_\_\_\_

5. Optional Property Coverages:

Backup Sewer & Drains	Yes	No
Flood	Yes	No
Fine Arts	Yes	No
Lessors Risk	Yes	No
Wind & Hail	Yes	No
Earthquake	Yes	No
Energy Equipment	Yes	No
Extend Endorsement	Yes	No
Ordinance or Law	Yes	No

6. Payroll for this Location: \_\_\_\_\_ 6a. Number of Employees for this location: \_\_\_\_\_

7. Receipts for this Location: \$ \_\_\_\_\_

Are there any Additional Insured's to be covered for Landlords, Funding Sources, College Work/Study, ect.?  
If so, please provide information below.

<u>Name &amp; Address of Additional Insured</u>	<u>Reason</u>
1. _____	_____
2. _____	_____
3. _____	_____

Are there any Loss Payees to be covered for equipment leases, Mortgage Holders, ect.?  
If so, please provide information below.

<u>Name &amp; Address of Loss Payee</u>	<u>Description &amp; Value</u>	<u>Lease#/Loan#/Account#</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**(Note: If multiple locations, this page must be copied and completed for EACH location.)**

**BUILDING OCCUPANCY INFORMATION**  
**ALL INFORMATION MUST BE PROVIDED**

Location # \_\_\_\_\_

1. Are you the Owner/Tenant/Both? (Circle One)

2. Construction of Building:

A. Exterior Walls (Circle all that apply)

Frame	Brick Veneer
Joisted Masonry	Non-Combustible
Masonry Non-Combustible	Fire Resistive

B. Roof & Floor (Circle One)

Non-Combustible	Combustible
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3. Is the building sprinklered? Yes No

4. Fire Alarm Type: (Circle One) None Local Central Station

5. Burglar Alarm Type: (Circle One) None Local Central Station

6. Less than 5 miles from Fire Station? Yes No

7. Less than 1000 feet from fire hydrant? Yes No

8. Is property within 1000 feet from a commercially navigable body of water? Yes No

9. Does applicant maintain common areas such as parking lots, hallways or sidewalks? Yes No

10. Number of stories, excluding basement \_\_\_\_\_

11. Number of basements \_\_\_\_\_

12. Year building was constructed \_\_\_\_\_

13. If the building is over 25 years old, give the YEAR the following was either replaced or inspected. Indicate with an "R" for Replaced, and an "I" for Inspected by the year.

Plumbing	_____	R or I
Heating	_____	R or I
Electrical	_____	R or I
Roof	_____	R or I

14. Total Square Ft. occupied by your organization \_\_\_\_\_

15. Total area all floors excluding basement \_\_\_\_\_

16. If building has multiple types of occupancies, indicate types:

\_\_\_\_\_  
\_\_\_\_\_

17. Comprehensive renovation year \_\_\_\_\_

(Comprehensive renovation reflects when building was gutted to the exterior and completely rebuilt with new interior walls, plumbing, heating, wiring and roof.)

Please provide a brief description of the activities of your organization or business.

Does your organization sponsor any off site trainings, seminars, conventions, fund raisers, sponsor any sporting/social events, including business events, ect.? If yes, please fill out attached addendum.

Please use the area below for any comments or explanations.

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I HEREBY DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE AS OF THIS DATE. THIS APPLICATION FORM, DULY COMPLETED, TOGETHER WITH ANY SUPPLEMENTARY INFORMATION, MUST BE SIGNED IN INK BY AN AUTHORIZED REPRESENTATIVE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND OR OBLIGATE THE APPLICANT OR INSURANCE CARRIER.

APPLICANT: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Authorized Representative)



Please return this completed form to:

Complete Equity Markets, Inc.  
(In California dba Complete Equity  
Markets Insurance Agency, Inc.)  
1190 Flex Court  
Lake Zurich, IL 60047  
www.cemins.com

Toll Free: (800) 323-6234 In Illinois: (847) 541-0900  
Fax: (847) 541-0444

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR WHO FILES AN APPLICATION FOR INSURANCE 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."

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## Addendum to Property/General Liability Application

Applicant's Name \_\_\_\_\_

Refer to the items listed on the last page of the application. Further classification of sponsored events is required. Please complete and return the following – you may add another piece of paper if you need additional space.

How many are sponsored events where no alcohol is served?

For each of these where no alcohol is served, please briefly describe the number and type of event.

How many participants or attendees will typically be at the event?

Where is the event held?

Are any athletic events or sponsored dances?

How many are training seminars held on a regular basis, i.e., weekly, monthly, etc.?

How many are seminars where attendees are charged admission fees?

How many are sponsored events where alcohol is served?

Describe the number and type of events sponsored of this nature.

How many participants or attendees will typically be at the event?

Do you sell alcohol?

Are outside vendors used to serve/sell alcohol?

If so, do you obtain certificates of insurance from these outside vendors?