



PLEASE FAX COMPLETED APPLICATION TO (888) 319-1446

General Liability

Property

Package (Liability & Property)

APPLICANT INFORMATION			Date:	
Name (First Named Insured & Other Named Insured)	FEIN OR SOC SEC# (of First Named Insured):	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
	PHONE			
E-MAIL	FAX	WEBSITE		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE		<input type="checkbox"/> SUBCHAPTER "S" <input type="checkbox"/> LLC NO OF MANAGERS _____	DATE BUSINESS STARTED	
INSPECTION CONTACT		ACCOUNTING RECORD CONTACT		
PHONE		PHONE		
EMAIL ADDRESS:		EMAIL ADDRESS:		

PREMISES INFORMATION			
LOCATION (STREET, CITY, COUNTY, STATE, ZIP)	YEAR BUILT	ANNUAL REVENUE	PART OCCUPIED
	# OF EMPLOYEES	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<input type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS

NATURE OF BUSINESS/DESCRIPTION OF OPERATION BY PREMISES	
TYPE OF EQUIPMENT USED	PAYROLL NOT INCLUDING OWNERS
DO YOU USE SUBCONTRACTORS: TOTAL AMOUNT SUBBED OUT:	PAYROLL INCLUDING OWNERS
TYPE OF WORK CONTRACTED OUT: DO YOU OBTAIN CERTIFICATES?	SALES
AMOUNT OF WORK CONTRACTED OUT:	WEBSITE

PRIOR INSURANCE INFORMATION		
ARE YOU CURRENTLY INSURED?	HAS YOUR INSURANCE BEEN: <input type="checkbox"/> CANCELED <input type="checkbox"/> NON RENEWED?	WHO WAS THE CARRIER FOR THE PRIOR TWO YEARS?
EFFECTIVE DATE OF YOUR MOST RECENT POLICY		
HOW MANY LOSSES IN PAST 3 YEARS?	EXPLAIN IF CHECKED ABOVE:	
TYPE AND AMOUNT PAID:		



If previously insured, please fax copy of your current or previous insurance certificate

www.zumachagency.com

COVERAGE LIMITS	
LIMITS OF LIABILITY <input type="checkbox"/> 100/100 <input type="checkbox"/> 125/125 <input type="checkbox"/> 100/200 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input type="checkbox"/> 500/1 mil <input type="checkbox"/> 1 mil/1mil <input type="checkbox"/> 1 mil/2 mil	COVERAGES <input type="checkbox"/> MEDICAL EXPENSE <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY <input type="checkbox"/> FIRE AND DAMAGE LIABILITY

Property Limits ***** (Do not complete if property coverage is not desired)	
BUILDING 1	BUILDING 2
PHYSICAL LOCATION:	PHYSICAL LOCATION:
BUILDING LIMIT (\$):	BUILDING LIMIT (\$):
CONTENTS (\$)	CONTENTS (\$)
DEDUCTIBLE (\$500.00 OR \$1,000.00)	DEDUCTIBLE (\$500.00 OR \$1,000.00)
NO OF FEET FROM FIRE HYDRANT	NO OF FEET FROM FIRE HYDRANT
YEAR BUILT	YEAR BUILT
SQUARE FOOTAGE	SQUARE FOOTAGE
DATE OF LAST ROOF UPDATE	DATE OF LAST ROOF UPDATE
DATE OF LAST ELECTRICAL PLUMBING	DATE OF LAST ELECTRICAL PLUMBING
CONSTRUCTION (FRAME, MASONRY, NONCOMBUSTIBLE)	CONSTRUCTION (FRAME, MASONRY, NONCOMBUSTIBLE)

MORTGAGEE?	NUMBER OF MORTGAGEE?	ADDITIONAL INSURED?
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COVERAGE FORM	
COVERAGES <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD –No Theft <input type="checkbox"/> Special-requires central alarm with monitors	COVERAGES <input type="checkbox"/> ACV <input type="checkbox"/> REPLACEMENT COST - BUILDING ONLY - Risk not over 30 years of age. Roof, Electrical and Plumbing updated in last 10 years to qualify. <input type="checkbox"/> Central Station Alarm - Policy will contain Warranty - Copy of Installation Certificate required

I _____ hereby certify that the information provided above is correct to the best of my knowledge.

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