



Allen Financial Insurance Group

Business Package Policy Application

- ✓ National A Rated Company
- ✓ Preferred Rates

- ✓ 24/7 Claims Service
- ✓ Installment Payment Plan

Agency:

Date:

Producer Contact:

Producer Email:

Carrier:

Producer Telephone:

APPLICANT INFORMATION

APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)

Mailing Address

City

State

Zip Code

Applicant is: Individual Partnership Corporation LLC Other _____ Years In Business _____

Business Phone: _____ Cell Phone: _____ FAX _____

Email: _____ Website: _____ FEIN/SSAN # _____

Type of Business _____ Years in Business _____ Annual Revenue \$ _____

Effective Date: ____ / ____ / ____ **Effective Date:** ____ / ____ / ____

Payment Plan: Annual Semi-Annual Quarterly Monthly Installments

Number Full Time Employees: _____ Number Part Time Employees: _____ Payroll \$ _____

Number of losses in past 3 years: _____ Prior Insurance Company: _____ None

Describe Any Prior Losses:

GENERAL INFORMATION

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business? YES NO
2. Do you own any other properties or business operations under this legal entity? YES NO
3. Do you Sponsor any sporting or social events? YES NO
If yes: Financial only Other _____
3. Have any operations been sold, acquired or discontinued in the past 5 years? YES NO
4. Any bankruptcies, tax or credit liens in the past 5 years? YES NO
5. IS your building under construction/renovation/remodel? YES NO

Comments

LIABILITY SECTION

Complete this section for Liability Coverage

A. Limits of Liability (per claim/annual aggregate)

- \$100,000/\$200,000 \$1,000,000/\$2,000,000
 \$300,000/\$600,000
 \$500,000/\$1,00,000

B. Excess Liability Coverage

- \$1,000,000 \$2,000,000
 \$3,000,000 \$4,000,000
 \$5,000,000

Waiver of Subrogation: YES NO

1. Do you use subcontractors? YES NO
 - a. If YES amount paid to subcontractors in the prior year: Annual Subcontractor Payments \$ _____
 - b. Do you obtain and keep a file of General Liability Insurance Certificates from all subcontractors? YES NO
 - c. Are subcontractors required to name you as additional insured? YES NO
2. Do you rent or lease your equipment to others? YES NO
3. Do you work at commercial airports or governmental buildings? YES NO
4. Do you or your sub-contractors remove and asbestos or asbestos products? YES NO
5. Do any of your operations include blasting or utilize explosive materials? YES NO
6. Do you use Armed Security guards or Patrols? YES NO
7. Do you conduct events with over 3,000 spectators? YES NO

Certificate Holder / Additional Insured / Loss Payee

NAME

Mailing Address

City

State

Zip Code

Property Section

Building Replacement Value \$ _____ (If coverage for building is desired)

Deductible: \$500 \$1,000 \$2,500 \$5,000 Protection Class _____

Building Square Footage _____ Square Footage You Occupy _____

Age of Building _____ Number of Stories _____ Type of Construction Frame Masonry Incombustible

Sprinklered? YES NO Monitored Alarm System? YES NO

Other Occupancies _____

Is distance to responding fire station less than 5 miles? YES NO

Is property within 1000 ft of commercially navigable body of water? YES NO

PERSONAL PROPERTY Yes No

1. Office Contents \$ _____ Replacement Cost? YES NO

2. Scheduled Equipment \$ _____ Replacement Cost? YES NO

3. Unscheduled Equipment \$ _____ Replacement Cost? YES NO

4. Short Term Equipment Rental \$ _____

Deductible: \$500 \$1,000

3rd Party Property Damage? YES NO

Liquor Liability YES NO

*Please Fill out Liquor Liability Supplement form

Non-Owned/Hired Auto (\$1,000,000 limit) YES NO

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Date

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.

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