

## Commercial Property Application

### 1. General Information

Proposed Effective Date: \_\_\_\_\_

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

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

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

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

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

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

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location):

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

### 2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No  
 If yes, please explain:

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**3. Desired Insurance**

**\*\*NOTE: Flood coverage excluded.**

	Actual Cash Value	Coinsurance
Building Value	\$	\$
Contents Value	\$	\$
Business Income	\$	\$
Other	\$	\$

1. Check Coverage(s) Desired:  Basic  Broad Form  Burglary
2. Deductible:  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**4. Property Information**

Answer the following questions for each location to be insured (attach additional schedules for additional building and contents if needed):

1. Protection class at risk: \_\_\_\_\_ Construction: \_\_\_\_\_
2. Year built (approximate if necessary): \_\_\_\_\_ Number of stories: \_\_\_\_\_
3. Predominant construction material: \_\_\_\_\_ Square Footage: \_\_\_\_\_
4. Description and occupancy/contents:

5. Physical address: \_\_\_\_\_
6. Mortgagee/loss payee: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Business Number: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Condition:
  - a. Building:  Good  Fair  Poor
  - b. Roof:  Good  Fair  Poor
  - b. Outbuildings:  None  Frame  Masonry/metal

8. Building improvements?  Yes  No
- a. Wiring?  Yes  No Year: \_\_\_\_\_
- b. Plumbing?  Yes  No Year: \_\_\_\_\_
- c. Roofing ?  Yes  No Year: \_\_\_\_\_
- d. Heating?  Yes  No Year: \_\_\_\_\_
- e. Other: \_\_\_\_\_  Yes  No Year: \_\_\_\_\_
9. Approximate distance to nearest hydrant? \_\_\_\_\_
10. Fire equipment: \_\_\_\_\_
11. Fire extinguishers:  Yes  No
- If yes, please answer the following:
- a. Number of extinguishers: \_\_\_\_\_
- b. Type: \_\_\_\_\_
- c. Location: \_\_\_\_\_
- d. Last Inspection: \_\_\_\_\_
12. CO<sub>2</sub> system: \_\_\_\_\_
- a. Manual or automatic: \_\_\_\_\_
- b. When last weighed: \_\_\_\_\_
13. Does risk have sprinkler system?  Yes  No
14. Hazards noted:
- a. Dead trees or limbs  Yes  No
- b. Adjacent property  Yes  No
- Describe: \_\_\_\_\_
- c. Difficult access for Fire Dept.  Yes  No
- d. Open foundation  Yes  No
- e. Flooding or high water  Yes  No
- \*\*NOTE: Flood coverage excluded.
- f. Isolated or hidden  Yes  No
- g. Combustible brush or debris  Yes  No
- h. Ground square foot area:  Yes  No

## 5. Declaration

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

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**Applicant Signature**

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**Agent/Broker Signature**

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**Dated**

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**Dated**

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**Applicant Printed Name**

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**Agent/Broker Printed Name**

Email completed application to: [submit@midman.com](mailto:submit@midman.com)