

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. CO₂ 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.

Applicant Signature

Agent/Broker Signature

Dated

Dated

Applicant Printed Name

Agent/Broker Printed Name

Email completed application to: submit@midman.com