



# UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

## Business Park Program Application

This application forms and becomes part of your insurance policy.

### INSURED

Named Insured:

Effective Date:

C/O:

Mailing Address

Location Address

Entity:

### PROPERTY

Perils

Co-Ins

Deductible

Building: \$

\$

Earthquake Sprinkler Leakage

Contents: \$

\$

Earthquake Sprinkler Leakage

Signs: \$

\$

### LIABILITY

General Liability:

\$

Occurrence/Aggregate

Fire Damage:

\$

Medical Expense:

\$

Hired & Non-Owned Auto:

\$

Excess or Umbrella

Excess \$

Umbrella \$

(Please submit signed completed Acord Application at the time of binding if umbrella coverage is required)

### COVERAGE AVAILABLE

Limit

Deductible

Ordinance or Law:

\$

Employee Dishonesty (Blanket Occ/Agg Limit)

\$

\$

Sewer Back Up:

\$

\$

Other Coverages:

"SERVICE is our STRENGTH"™

1. Yes No Has the broker personally seen the risk?
2. Prior policy #:
  - Company Name:
  - Expiration Date:
  - Premium: \$
3. Yes No Has coverage been cancelled/non-renewed?
  - If "Yes", explain:
4. Yes No Prior Losses?
  - Number of water damage claims:
  - (3 yr current valued loss runs must be provided)
5. Yes No \*Does the applicant have any knowledge of any facts, circumstances, acts or omissions which could reasonably be expected to result in a third party claim being brought in the future?
6. Yes No \*Does the applicant have any knowledge of any third party claim which was brought on or before the date of this application for insurance?
7. Yes No \*Any un-repaired damage to the proposed insured property?
8. Yes No \*Any known evidence of MOLD damage?
  - \*Explain in detail any "Yes" answer & respond separately
9. Year Built:                      Total Building Area:                      sq.ft.
10. Construction:
  - Sprinkler:
  - Alarm:
  - Roof Type:
  - Roof Condition:
  - Year Roof was updated:
11. Total size of common area in square feet:
  - Total # of Buildings:
  - Total # of Units:
  - Total # of Stories:
  - Distances between Buildings:                      feet
12. Remodeled/Updated in:
  - Yes No Copper Wiring?
  - Yes No Copper Plumbing?
  - Yes No Electrical circuit breaker?
  - Yes No All wires in conduit?
13. Yes No Brush Area?
  - Yes No Hillside/Slopes
  - Yes No Vegetation on Hillside
  - If "yes" to the above, explain:
14. Liability Insurance verified for:
  - Yes No Landscaping
  - Yes No Maintenance
  - Yes No Electrical
  - Yes No Plumbing
  - Yes No Is risk managed by professional management company?
15. Yes No Service/maintenance contracts for electrical gates, elevators, playground equipment, plumbing and fitness center equipment?
16. Yes No Are there handicap ramps/facilities?
17. D&O Coverage Carrier & Policy #
18. The following documents are required and attached:
  - CC&R
  - Plot Plan
  - List of areas association is responsible for maintenance.
19. Yes No Does the applicant own any commercial auto?
  - Yes No Commercial Auto insurance in force?
    - (UCA provides competitive rates for companion auto coverage)
  - Yes No Non-owned/Hired Auto liability provided by auto policy?
  - Yes No Does the applicant's employees use their auto for business?
  - Yes No Does the applicant require these employee to carry liability insurance?
20. Total # of Full Time Employees:
  - Total # of Part Time Employees:
21. PERSON TO CONTACT FOR INSPECTION:
  - TELEPHONE #:
  - EMAIL:
  - APPLICANT SIGNATURE:
  - DATE:

