



UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

Businessowners Program Application

This application forms and becomes part of your insurance policy.

Printer Shop

Video Store

Yogurt Shop

| | | |
|------------------|--|-----------------|
| INSURED | | |
| Named Insured: | | Effective Date: |
| DBA: | | |
| Mailing Address | | |
| Location Address | | Entity: |

| PROPERTY | Perils | 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 \$ |
| <i>(Please submit signed completed Acord Application at the time of binding if umbrella coverage is required)</i> | | |

| Coverage Available | Limit | Deductible |
|--|-------|------------|
| Ordinance or Law: | \$ | |
| Sewer Back Up: | \$ | \$ |
| Employee Dishonesty <small>(Blanket Occ/Agg Limit)</small> | \$ | \$ |
| Money and Securities: | \$ | \$ |
| Accounts Receivable: | \$ | |
| Valuable Papers: | \$ | \$ |
| Other Coverages: | | |

| |
|-----------------------------|
| ADDITIONAL INTERESTS |
| Additional Insured: |
| Loss Payee: |
| Mortgage: |

"SERVICE is our STRENGTH"™

1. Yes No Has the broker personally seen the risk?
2. Yes No Owners experience at this location 1+yr?
If new, provide type of experience and years:
3. Prior policy #:
Company Name:
Expiration Date:
Premium: \$
4. Yes No Has coverage been cancelled/non-renewed?
If "Yes", explain:
5. Yes No Prior Losses?
(3 yr current valued loss runs must be provided)
6. 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?
7. 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?
8. Year Built:
9. Construction:
Sprinkler:
Alarm:
Roof Type:
Year Roof was updated:
Roof Condition:
Total # of Stories:
Total Building Area: sq.ft.
10. Remodeled/Updated in:
Yes No Copper Wiring?
Yes No Copper Plumbing?
Yes No Electrical circuit breaker?
Yes No All wires in conduit?
11. Yes No Smoke Detectors in all Units?
Yes No Are Smoke Detectors checked semi-annually?
Yes No Fire Extinguishers on the premises?
12. Hours of operation: to
Yes No Open 7 days per week?
13. Description of operations:
Description of goods sold or serviced:
Annual gross receipts:
Receipts from the sales/servicing of Video &/or Store Equipment (video store only):\$
14. Yes No Multiple occupancy building?
Area occupied by applicant: Sq.. Ft.
15. Yes No Are there any bars on windows or doors?
Interior Exterior
Yes No Do they have quick release mechanisms?
16. Yes No Service/maintenance contracts for electronic doors, gates, and elevators?
17. 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 employees to carry liability insurance?
18. Total # of Full Time Employees:
Total # of Part Time Employees:
19. PERSON TO CONTACT FOR INSPECTION:

TELEPHONE #:
EMAIL:

APPLICANT SIGNATURE:

DATE:

