



# UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

## Office Building Program Application

This application forms and becomes part of your insurance policy.

"SERVICE is our STRENGTH"™

|                  |                 |
|------------------|-----------------|
| <b>INSURED</b>   |                 |
| Named Insured:   | Effective Date: |
| DBA:             |                 |
| Mailing Address  |                 |
| Location Address | Entity:         |

| PROPERTY                 | Perils                       | Co-Ins | Deductible |
|--------------------------|------------------------------|--------|------------|
| Building: \$             |                              |        | \$         |
|                          | Earthquake Sprinkler Leakage |        |            |
| Contents: \$             |                              |        | \$         |
|                          | Earthquake Sprinkler Leakage |        |            |
| Annual Rental Income: \$ |                              | ALS    |            |
| Signs: \$                |                              |        | \$         |

|  |                       |
|--|-----------------------|
| <b>LIABILITY</b>   |                       |
| 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:  | \$    |            |
| Sewer Back Up:   | \$    | \$         |
| Employee Dishonesty <small>(Blanket Occ/Agg Limit)</small> | \$    | \$         |
| Accounts Receivable:                                       | \$    |            |
| Valuable Papers:   | \$    | \$         |
| Other Coverages:   |       |            |

|                             |
|-----------------------------|
| <b>ADDITIONAL INTERESTS</b> |
| Additional Insured:         |
| Loss Payee:                 |
| Mortgagee:                  |

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?
  - (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:
  - Year Roof was updated:
  - Total # of Stories:
  - Distances between Buildings:                      feet
11. Remodeled/Updated in:
  - Yes No Copper Wiring?
  - Yes No Copper Plumbing?
  - Yes No Electrical circuit breaker?
  - Yes No All wires in conduit?
12. Yes No Smoke Detectors in all Units?
  - Yes No Are Smoke Detectors checked semi-annually?
  - Yes No Fire Extinguishers on the premises?
13. Parking facilities
  - Yes No Ground Floor?
  - Yes No Open Field Parking?
  - Yes No Underground?
14. What is the vacancy %?
15. Yes No Any non-office exposures on the premises?
  - Yes No Any cooking done?
  - Yes No Any deep frying?
16. Yes No Does the applicant in any capacity occupy any unit?
17. Yes No Service/maintenance contracts for electrical gates, elevators, plumbing and landscaping?
18. 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?
19. Total # of Full Time Employees:
  - Total # of Part Time Employees:
20. PERSON TO CONTACT FOR INSPECTION:
  - TELEPHONE #:
  - EMAIL:
  - APPLICANT SIGNATURE:
  - DATE:

