



# UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

## Florist 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 Gross Receipts: \$		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>	\$	\$
Money and Securities:	\$	\$
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. 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. Yes No \*Any un-repaired damage to the proposed insured property?
9. Yes No \*Any known evidence of MOLD damage?  
\*Explain in detail any "Yes" answer & respond separately
10. Year Built:                      Total Building Area:                      sq. ft.  
Total Area Occupied by Applicant:                      sq. ft.
11. Construction:  
Sprinkler:  
Alarm:  
Roof Type:  
Year Roof was updated:  
Roof Condition:  
Safe (size & type):
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 Smoke Detectors?  
Yes No Are Smoke Detectors checked semi-annually?  
Yes No Fire Extinguishers on the premises?
14. Yes No Does the risk have a nursery on site?  
Yes No Does the risk have an off-site greenhouse?  
Yes No Is there a greenhouse on the premise?  
If "yes", what is the square footage:  
Yes No Does risk provide any landscaping operations?
15. Yes No Is refrigeration equipment (compressors) in a portioned/ fenced off area and free from any storage or Debris?
16. Yes No Service/maintenance contracts for Electrical/electronic doors and refrigeration equipment?
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 employee 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:

