



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"™

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|------------------|-----------------|
| INSURED | |
| 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: \$ | | | \$ |

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

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|-----------------------------|
| ADDITIONAL INTERESTS |
| 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:

