



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:

