



**Commercial Package Premium Indication Questionnaire**

Today's Date: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

**Section I – General Information**

Applicant Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Nature of Operation: Apt  B. Park  Condo  Comm. LRO  Dist/Merc.  Off. Pkg.  Grocery  Rest   
 Mini Market  Motel  HOA.  Shopping Ctr.  Off. Bldg  Florist  Wine Bar

Losses in past 3 years:  None  1-2 Losses  3-4 Losses  Over 5 Losses

**Section II – Information**

Year Built: \_\_\_\_\_ Construction: \_\_\_\_\_ Sprinkler:  Yes  No Roof Type: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Total Bldg. Area: \_\_\_\_\_ # of Units: \_\_\_\_\_ Total # of Bldgs.: \_\_\_\_\_ # of Swimming Pool: \_\_\_\_\_ # of Jacuzzi: \_\_\_\_\_

Restaurant/Bar in motel building?  Yes  No If yes, indicate sq. ft.: \_\_\_\_\_ Leased?  Yes  No

Rest. Customer Area (sq. ft.): \_\_\_\_\_ Banquet/Patio Area \_\_\_\_\_ (% in use)

Total Annual Receipts: \$ \_\_\_\_\_ Food Receipts: \$ \_\_\_\_\_ Alcohol Receipts: \$ \_\_\_\_\_  B/W  Full Bar

**Property**

Building: \$ _____	Perils <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	Co-Ins <input type="checkbox"/> 90 <input type="checkbox"/> 100 <input type="checkbox"/> AA	Deductible \$ _____
Contents: \$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> 90 <input type="checkbox"/> 100	\$ _____
Business Income: \$ _____	<input type="checkbox"/> ALS <input type="checkbox"/> Monthly Limits: _____ %	<input type="checkbox"/> Co-Ins _____ %	

**General Liability**

General Liability: \$ \_\_\_\_\_

Liquor Liability: \$ \_\_\_\_\_

Fire Damage: \$ \_\_\_\_\_

Medical Expense: \$ \_\_\_\_\_

Hired & Non-Owned Auto: \$ \_\_\_\_\_

Additional Insured:  Yes  No If yes, how many? \_\_\_\_\_

Optional Coverage	Limit	Deductible	Condo/PUD ONLY
Accounts Receivable	\$ _____		Association Fees \$ _____
Demolition & Increased Cost of Construction	\$ _____		<input type="checkbox"/> GRC
Earthquake Sprinkler Leakage	<input type="checkbox"/> Bldg. <input type="checkbox"/> BPP	Same ded. as Bldg. or BPP	Split Deductible \$ _____
Employee Dishonesty (Blanket Occ/Agg Limit)	\$ _____	\$ _____	Playground, how many? _____
Exterior Glass	Linear Feet _____	\$ _____	Equestrian Trails miles: _____
Theft, Disappearance & Destruction	\$ _____	\$ _____	Miles of bike trails: _____
Innkeepers Legal Liability	\$ _____	\$ _____	# of Security Guards: _____
Sewer Back Up	\$ _____	\$ _____	Any courts, how many? _____
Signs	\$ _____	\$ _____	<b>Mini Markets Only</b>
Valuable Papers	\$ _____	\$ _____	# of gas Nozzles: _____
			Gas/Propane Receipts \$ _____
			<input type="checkbox"/> Motor Vehicle Damage to Leased Bldg. @ \$25,000
			<input type="checkbox"/> Yes <input type="checkbox"/> No Car Wash

The above information will enable UCA General to give you a premium indication. For a formal quote, we will need a complete UCA application.

Agency Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Submit By: \_\_\_\_\_

E-mail: \_\_\_\_\_