



# UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

## Office Package 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		
Business Income: \$			
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 (Blanket Occ/Agg Limit)	\$	\$
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. 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. Total Building Area:
  - Total Area Occupied by Applicant: Sq. ft.
  - Sub-leased out area by applicant: Sq. Ft.
  - Sub Tenants operation: Sq. Ft.
9. Year Built:
  - Construction:
  - Sprinkler:
  - Alarm:
  - Roof Type:
  - Year Roof was updated:
  - Roof Condition:
10. Description of operations:
  - Yes No Any stock on premises?
  - If "yes", explain:
11. Yes No Smoke Detectors in all Units?
  - Yes No Are Smoke Detectors checked semi-annually?
  - Yes No Fire Extinguishers on the premises?
12. 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?
13. Total # of Full Time Employees:
  - Total # of Part Time Employees:
14. PERSON TO CONTACT FOR INSPECTION:
  - TELEPHONE #:
  - EMAIL:
  - APPLICANT SIGNATURE:
  - DATE:

