



UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

Office Building Program Application

This application forms and becomes part of your insurance policy.

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 (Blanket Occ/Agg Limit)

\$

\$

Accounts Receivable:

\$

Valuable Papers:

\$

\$

Other Coverages:

ADDITIONAL INTERESTS

Additional Insured:

Loss Payee:

Mortgagee:

"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?
 - (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:

