



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"™

INSURED	
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: \$			\$

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)	\$	\$
Money and Securities:	\$	\$
Accounts Receivable:	\$	
Valuable Papers:	\$	\$
Other Coverages:		

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. 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:

