



P.O Box 30527
 Phoenix, AZ 85046
 (602) 494-6900
 (800) 228-1710
 FAX (602) 494-6999

PROPERTY APPLICATION

Quote BIND Quoted by:

Applicant:		Producer:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Telephone:		Telephone:		
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> Partnership (Explain)				
Business Description:				
Location of Premises: (City, State, Zip)				
Proposed Eff Date:		Proposed Exp Date:		
		How Long in Business?		
PRIOR INSURANCE COVERAGE and LOSS HISTORY				
Carrier	Year	Premium	Date & Amount of Loss	Cause & Loss Description
Has any carrier canceled, declined, or refused any insurance during the past three years? (if "Yes", please explain in remarks.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other insurance on this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any special hazards on this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

SUBJECT OF INSURANCE	AMOUNT TO BE INSURED	CO-INS %	VALUE (RC/ACV)	CAUSES OF LOSS (Basic/Broad/Special)		DEDUCTIBLE
CONSTRUCTION TYPE	PROT. CLASS	# STORIES	# BASM'TS	YR. BUILT	SQ. FEET	Other Occupancies
Year of Building Updates:	Wiring:	Roofing:	Plumbing:	Heating:		
Right Exposure	Left Exposure		Rear Exposure			
Burglar Alarm Type:	Central Station?	Local?	Exp. Date of Contract:			
Fire Protection (Sprinklers, Standpipes, Co2/Chemical Systems)			% Sprinklered?	Fire Alarm Mfr.		

ADDITIONAL INTERESTS

Type of Interest	Name and Address	Type of Interest	Name and Address
<input type="checkbox"/> Mortgagee		<input type="checkbox"/> Mortgagee	
<input type="checkbox"/> Loss Payee		<input type="checkbox"/> Loss Payee	

REMARKS:

APPLICANT UNDERSTANDS THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT AND COMPLETE MATERIAL REPRESENTATIONS TO THE COMPANY AND REQUESTS THE COMPANY TO ISSUE THE INSURANCE POLICY IN RELIANCE HEREON.

 APPLICANT'S SIGNATURE AGENT/BROKER SIGNATURE DATE