

## Property Application



					Fax N	lo				
Name of Insured:										
Mailing Address:										
Proposed Effective Date:										
Corporation In	dividual	Par	tnership	Limit	ed Corporation _	Other:				
Type of Risk (Check all that	t apply):	F	ВО	Priv Hang	gar 🔲 Ag/Aerial	A/C Repair	A/C	Assembly Painting		
Reg/Muni Airport Cha	arter Opera	ator 🔲 A	Avionics	Flight Sc	hool A/C Muse	eum 🔲 Aerial Phot	o A/0	C Part Sales A/C Sales		
Helicopter Operator	A/C Parts	Mfg	Airline	Other (D	escribe):					
Blanket Coverage:	Yes N	lo <b>Valu</b> a	ation:	RCV or	ACV Ag	reed Amt: Yes	No No			
			PRO	OPERTY CO	VERAGE SCHE	DULE				
Location #1										
Location Address:										
Year Built	Year Built Construction			5	Sq. Ft.	Protection Class		Sprinklered?		
								Yes No		
Building updates if over 30	years old:	; Year:	Wiring	/ Roofing	/ Plumbing	/ Heating				
Airport Fenced		] Yes	No							
Fire Department on premis	ses [	Yes	No							
Coverage (Bld, BPP, BI/EE)	Limit			Coins %	Deductibles (\$1000 min)	Special Forms	Occupancy			
	\$			%	\$					
	\$			%	\$					
	\$			%	\$					
	\$			%	\$					
Location #2										
Location Address:										
Year Built	Year Built Construction		n	8	Sq. Ft.	Protection Class		Sprinklered?		
								Yes No		
Building updates if over 30	years old;	; Year:	Wiring	/ Roofing	/ Plumbing	/ Heating				
Airport Fenced		Yes [	No							
Fire Department on premis	es [	Yes [	No							
Coverage L (Bld, BPP, BI/EE)		Limit		Coins %	Deductibles (\$1000 min)	Special Forms		Occupancy		
	\$			%	\$					
	\$			%	\$					
	\$			%	\$					
	\$			%	\$					
Building				1	Bui	ding 2		Building 3		
Management Present at Pr	emises									
Inspection Program of Pren	mises									
		Burglar /	_	Yes No	ū			ırglar Alarm Yes No		

LIABILITY COVERAGE SCHEDULE												
Liability Limits (1,000's)		00 / 1000	<b>1000 / 1000</b>		<b>1000 / 2000</b>							
PRIOR INSURANCE												
Policy Term:	Carrier:		Premium: \$									
Policy Term:		Carrier:	Premium: \$									
Policy Term:		Carrier:		Premium: \$								
Any bankruptcies, tax or credit lie	ens agai	nst the applicant in the past 5	Yes- Attach details No									
Any known losses or claims in the	•		[	 ☐ Yes– Attach deta		□ No						
Comments:		•	L									
Please Attach Property Diagram Including Distances Between Buildings And Location Of Tanks (Only needed if you have more than one location or storage of chemicals and/or fuels)  • If coverage for Chemicals or Fuel in Storage is requested the Chemical/Fuel App must be completed.  • Property Coverage applies only within 2,500 feet of described premises.  See Inland Marine Application if Transit Coverage is Needed  ***PANDA MARNINGS** (Lent. updated \$7.79)**  MODICE TO APPLICANTS** ANY PERSON NICE INDUSTRIAL AND WITH INVESTOR TO DEFENDE ON THE PROPERTY ON OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAININGS (Lent. updated \$7.79)**  MODICE TO APPLICANTS** ANY PERSON NICE INDUSTRIAL AND WITH INVESTOR TO DEFENDE ON THE PROPERTY ON OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CHILD AND ANY												
Any PERSON WHO KNOWINGLY AND WITH INTENT MATERIALLY FALSE INFORMATION, OR CONCEALS AND SUBJECTS THE PERSON TO CRIMINAL AND [	FOR THE P	URPOSE OF MISLEADING INFORMATION CON	CERNING ANY FACT MATER	IAL THERETO, COMMITS A FE	RAUDULE	NT INSURANCE ACT, WHICH IS A CRIME						
Broker Signature	NY: SUBSTA	Date		or, or; in me and va, in	NSURANC	Date						