

Supplementary Application – Property

Insured Name _____

Insurance for the past three years.

Year	Company	Policy Number	Number of Losses	Description and Amount of Each Loss (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?

If yes, give name of company, date and reason. _____

Coverage

Item	Amount of Insurance	Percent of Value	Deductible	Description of Property Covered (Show Complete address if different than garage operation)
Building				
Contents				

Mortgagee/Loss Payee (name and full address) _____

Coverage Desired: Basic Broad Protection Class _____

Construction: Frame Brick Veneer Masonry Metal Clad Fire Resistant

Number of Stories: _____ Area (Sq Ft) of building _____ Year Built _____

Other occupancies in the same building _____

Is there any other insurance in force for other occupancies? Yes No

Do you have a wood burning stove? Yes No

If yes, is it installed according to manufacturer's specifications? Yes No

Is any portion of the building: Vacant Unoccupied Seasonal Square Feet _____

Indicate year of last update or inspection for the following:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Does property covered included Improvements & Betterments? Yes No

If yes, explain _____

Protection Devices: Sprinklered Fire Extinguisher Smoke Detector/Alarm Other

Neighborhood type: Residential Mfg/Industrial Retail/Commercial Rural

Condition: Stable Improving Deteriorating

Adjacent Exposures: _____

Have you ever filed for bankruptcy? Yes No

Are there any outstanding judgments, tax liens, or current legal actions against you? Yes No

Is there any unrepaired damage to the building? Yes No

If yes, explain _____

Have there been any violations of fire, safety, health, building, construction, or other codes within the last three years or existing at the current time? _____

Has anyone with a financial interest in this property been convicted of arson, fraud, or other crime related to loss on property owned now or during the last 5 years? Yes No

Insured's Signature _____

Date _____