

GENERAL COMMERCIAL SURVEY

Applicant Legal Name: _____ DBA Name: _____

Years In Business: _____ If less than One Year, How many years experienced: _____

Business Entity: Individual Partnership Corporation LLC Other: *(describe)* _____

Contact Name: _____ Office Phone: _____ Mobile Phone: _____ Email: _____

Mailing Address: _____

*FEIN# or SSN# : _____ Website: _____

Any Bankruptcies, tax, or credit liens against the applicant in the past five (5) years? Yes No

Verbal Disclosure IF Collecting Social Security Numbers:

Several Carriers require the OWNER'S SSN# for accurate rating. In connection with this application for insurance, a carrier may review a consumer credit report and use an insurance loss evaluation score which is based on credit related characteristics. They will use a third party in connection with the development of your insurance loss evaluation score. Entry of the SSN# on this survey confirms the owner's acceptance to proceed where the info is needed.

LIABILITY:

Proposed Eff Date: _____ Proposed Exp Date: _____

Desired Liability Limits: \$300K / \$600K \$500K / \$1MIL \$1MIL / \$2MIL \$2MIL / \$4MIL

Number of Active Owners: _____ Number of Employees (FT) _____ (PT) _____ Total Payroll *(Excluding Owners)*: \$ _____

Do you provide Employee Benefits: Yes No Do you currently carry Employment Practices Liability Insurance? Yes No

Do you currently carry Cyber Liability? Yes No Annual Gross Receipts / Revenue: \$ _____

Classification *(Description)* _____ Premium Basis *(Payroll or Sales)* \$ _____

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Classification *(Description)* _____ Premium Basis *(Payroll or Sales)* \$ _____

PROPERTY *(Complete property section for every building where ANY property coverage is needed)*

Address (If different than Mailing): _____

Applicant is: TENANT OWNER Triple net Lease?: Yes No

If you insure the building, in whose name is the bldg deeded? _____

Year Built: _____ Building Improvements - Roofing Yr: _____ Plumbing Yr: _____ Electrical Yr: _____ Heating Yr: _____

Distance to Hydrant: _____ Distance to Fire Station: _____ Sprinklered %: _____ Alarm Type and Company *(*required)*: _____

Construction Type: Frame Joisted Masonry Non-Comb Masonry Non-Comb Roof Type: _____ # of Stories: _____

Total Square Footage: _____ Occupied Square Footage: _____ Vacant Square Footage: _____

Building Limit: \$ _____ Valuation: RC ACV Co-Insurance: 80% 90% 100% Property Deductible: \$ _____

Business Personal Property Limit: \$ _____ Valuation: RC ACV Co-Insurance: 80% 90% 100% BPP Deductible: \$ _____

Tenants Betterments & Improvements Limit: \$ _____ Employee Tools Limit *(coverage varies per carrier)*: \$ _____

Is there any HABITATIONAL EXPOSURE? Yes No If Yes, # of Units: _____

PRIOR CARRIER INFORMATION / LOSS HISTORY

Prior / Current Carrier:	Annual Premium:	# Claims:	Amount Paid:	Reserve:	Open/Closed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE
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LOSS HISTORY STATEMENT

I, _____, have owned / operated _____
for the past _____ years. Claims history for my company is as follows:

No Known Losses

(By checking this box, I certify that there have been no losses, accidents or circumstances that might give rise to a claim against my company)

Approx. Date	Description / Type of Loss	Amount Paid:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that, to the best of my knowledge, the above information is correct.

I understand that premiums quoted for my business will be based on the above loss information and that premiums are subject to change if verified loss runs from the above time period differ.

Applicant Signature: _____

Date: _____

LOSS RUNS REQUEST

Date: _____

To: _____
(Insurance Company)

Attn: _____

Email Address: _____

RE: Policy Loss Runs

Named Insured: _____

Policy Number: _____

Policy Number: _____

Policy Number: _____

I hereby request and authorize the release of five years of loss runs (or since inception if less than five years) to Firefly Agency.

Please supply this information by PDF or scanned document to the following:

Email: _____ - OR - Fax: _____

Thank you for your assistance,

X _____
Insured Signature *Title* *Date*