

LUI PROPERTY APPLICATION

All questions must be answered and application must be signed by applicant.

Applicants Name: _____

Insured is a: Sole Proprietorship Partnership Corporation Other _____

Mailing Address: _____ Zip _____

Location Address: _____ Zip _____

Tel#: _____ Web Address: _____ E-mail Address: _____

Description of Operations: _____

Inspection Contact & Tel#: _____ Hours of Operation: _____ Year Business Started _____

In the past 3 years, no insurance company cancellation or non-renewal True False

The property has no unrepaired damage and is in insurable condition True False

No bankruptcies, tax or credit liens against the applicant in the past 5 years True False

No tax liens or back taxes owed on any property True False

The owner has never been previously convicted of the crimes of fraud of arson True False

Year Constructed? _____ Yr of Electrical Update? _____ Yr of Plumbing Update? _____ Yr of Heating Update? _____

Age of the roof? _____ Roof Type: Flat _____ Shingle _____ Wood Shake _____ Metal _____ Other _____

Is the plumbing completely PVC or Copper? Yes No

Are storage areas and aisles clean and trash disposed of properly? Yes No

Is there evidence of water damage, broken windows, breaks in pavements or floor, etc...? Yes No

Any "special" hazards (raised walks, street elevators, pools/ponds etc.)? Yes No

Is the property eligible for coverage through TWIA? Yes No

Is the property seasonal or time share? Yes No

Are there smoke detectors in each unit? Yes No

Are there smoke detectors in all common and mechanical equipment areas? Yes No

Any habitational exposure? Yes No

Lessors Risk: Does applicant require tenants to carry General Liability limits of \$1,000,000? Yes No

Does applicant require to be added to tenants GL as an "Additional Insured"? Yes No

Loss History

Date	Type/Description	Paid	Reserved	Open/Closed

Previous Carrier _____ Coverage Dates: From _____ To _____ Premium \$ _____

Building Exposures **North** **South** **East** **West**

Occupancy: _____

Construction: _____

Distance: _____

General Liability \$100,000 \$300,000 \$500,000 \$1,000,000 \$2,000,000

Class Code _____ **Construction:** FRAME JM NC MNC MFR/SFR FR

County _____ **Protection Class** _____ **Ft to Fire Hydrant** _____ **Miles to Responding Fire Department** _____

Building Limit \$ _____ ACV RCV **Form:** Basic Broad Special X-Theft Special

Contents Limit \$ _____ ACV RCV **Form:** Basic Broad Special X-Theft Special

Business Income Limit \$ _____

Burglar Alarm Local Central Station (Required for Theft Coverage) 24 hr watchman

Fire Alarm Local Central Station Sprinkler System

Optional Coverage's

Employee Dishonesty Limit \$ _____ **Number of Employees** _____

Outdoor Signs \$ _____ First Floor Exterior Glass Sq. Ft. _____ Above First Floor _____

Interior First Floor Glass Sq. Ft. _____ Above First Floor Sq. Ft. _____

Equipment Breakdown Yes No

Does applicant have a refrigeration maintenance agreement? Yes No

Hired Auto Desired? _____ Non-Owned Auto Desired _____

Do employees regularly drive their cars on company business? Yes No

Condominium Unit Owner Loss Assessment Limit \$ _____ Misc. Real Property Limit \$ _____

Accounts Receivable Limit \$ _____ Valuable Papers Limit \$ _____ EDP Equipment Limit \$ _____ Media Limit \$ _____

Cooking Supplement

Is the cooking area, hood and duct system protected per NFPA 96? Yes No

Is there a cleaning contract in force with an outside firm? Yes No

Supplemental Information

Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit and/or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicants Signature _____ **Date** _____

Agents Signature _____ **Date** _____

Agency _____ **Address:** _____

Tel# _____ **Fax#** _____