



Commercial Fire Application

Applicant's Name _____
Mailing Address _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS — IF THEY DO NOT APPLY, INDICATE 'NOT APPLICABLE'

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

5. Previous carrier and loss information (last three years): Check if no losses last three years.

Year	Company	Policy #	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not applicable in Missouri)		

6. Premises information:

Prem. No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Building	\$				\$	
	Building	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk: 1. _____ % 2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Number of units:** _____
- **Sprinkler?**..... 0 Yes 0 No
- **Operable smoke detectors?**.....0 Yes 0 No
- **Year Built:** _____
- **Building remodeling (include year):**
 Wiring? 0 Yes 0 No Year: _____
 Heating? 0 Yes 0 No Year: _____
 Plumbing? 0 Yes 0 No Year: _____
 Roof? 0 Yes 0 No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

COMMENTS:

POLICY PREMIUM:

FIRE PREMIUM	\$	_____
E. C. PREMIUM	\$	_____
_____ PREMIUM	\$	_____
POLICY FEE	\$	_____
TAX	\$	_____
STAMPING FEE	\$	_____
TOTAL	\$	_____

IF THE APPLICANT'S QUOTE EXCLUDES WINDSTORM, HURRICANE AND HAIL, THE FORM NO. CP 10 54 MUST BE SIGNED BY THE INSURED.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CP 10 54 10 90

WINDSTORM OR HAIL EXCLUSION

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

- CAUSES OF LOSS -- BASIC FORM
- CAUSES OF LOSS -- BROAD FORM
- CAUSES OF LOSS -- SPECIAL FORM
- STANDARD PROPERTY POLICY

A. THE FOLLOWING IS ADDED TO THE EXCLUSIONS SECTION AND IS THEREFORE NOT A COVERED CAUSE OF LOSS:

WINDSTORM OR HAIL

BUT IF LOSS OR DAMAGE BY A COVERED CAUSE OF LOSS RESULTS, WE WILL PAY FOR THAT RESULTING LOSS OR DAMAGE.

B. UNDER ADDITIONAL COVERAGE -- COLLAPSE, IN THE CAUSES OF LOSS -- BROAD FORM, WINDSTORM OR HAIL IS DELETED FROM PARAGRAPH 1.

C. IN CAUSES OF LOSS -- SPECIAL FORM, WINDSTORM OR HAIL IS DELETED FROM THE "SPECIFIED CAUSES OF LOSS".

D. UNDER ADDITIONAL COVERAGE EXTENSIONS -- PROPERTY IN TRANSIT, IN THE CAUSES OF LOSS -- SPECIAL FORM, WINDSTORM OR HAIL IS DELETED FROM PARAGRAPH B. (1).

LOCATION: _____

DATE: _____

NAMED INSURED

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S SIGNATURE _____ Date _____

PRODUCER'S SIGNATURE _____ Date _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.