

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
 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 _____