



# COMMERCIAL POLICY APPLICATION

Phone: (989) 695-5770 Fax (989) 625-1326 www.fsgeneral.com

TODAY'S DATE		EFFECTIVE DATE		<input type="checkbox"/> DIRECT BILL		<input type="checkbox"/> QUOTE ONLY	
OWNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____							
APPLICANT APPLICANT NAME				AGENCY AGENCY NAME			
DBA				AGENT NAME			
ADDRESS				TELEPHONE		FAX	
CITY		STATE	ZIP	INSPECTION CONTACT (FULL NAME)		TELEPHONE	
DESCRIBE THE TYPE OF BUSINESS				HOURS OF OPERATION		AVERAGE AGE OF CLIENTELE	
YEARS EXPERIENCE		YEARS EXPERIENCE AT THIS LOCATION		LESSORS RISK			
CONSTRUCTION				RETAIL _____%		OFFICE _____%	
<input type="checkbox"/> FRAME <input type="checkbox"/> JOINTED MASONRY <input type="checkbox"/> FIRE RESISTANT <input type="checkbox"/> MASONRY NON - COMBUSTIBLE <input type="checkbox"/> NON - COMBUSTIBLE <input type="checkbox"/> OTHER				APARTMENTS (NUMBER & SQUARE FEET)			
LOCATION OF PREMISES STREET ADDRESS				OTHER OCCUPANCIES BY FLOOR			
CITY		STATE	COUNTY		ZIP	FP	
INTEREST IN THE PREMISES <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> OWNER NON-OCCUPANT <input type="checkbox"/> TENANT							
YEARS OF LAST UPDATES				AGE OF BUILDING		NUMBER OF FLOORS	
WIRING	HEATING	ROOFING	PLUMING				
ANY COOKING ON PREMISES?		ANY DELIVERIES?		ANNUAL SALES	LIQUOR	FOOD	OTHER
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ _____	_____ %	_____ %	_____ %
PROTECTIVE DEVICES							
<input type="checkbox"/> CENTRAL STATION AUTOMATIC SPRINKLERS		<input type="checkbox"/> HARD WIRE SMOKE ALARMS		<input type="checkbox"/> CENTRAL STATION ALARMS		<input type="checkbox"/> FIRE SUPPRESSION	
				<input type="checkbox"/> WET <input type="checkbox"/> DRY		<input type="checkbox"/> HOOD & DUCTS SERVICE	
				<input type="checkbox"/> CRIME <input type="checkbox"/> FIRE		<input type="checkbox"/> SEMI-ANNUAL CONTRACT <input type="checkbox"/> SEMI <input type="checkbox"/> QUARTERLY CONTRACT	
ADJACENT/ABUTTING EXPOSURES				FREE STANDING OR ANSWER BELOW		<input type="checkbox"/> ALL COOKING UNITS PROTECTED BY HOOD & SUPPRESSION SYSTEMS	
SIDE _____	SIDE _____	FRONT _____	REAR _____				
FINANCIAL INFORMATION							
HAS THERE BEEN A BANKRUPTCY OR TAX LIENS SUITS OR JUDGEMENTS    YES <input type="checkbox"/> NO <input type="checkbox"/> IN THE PAST FIVE YEARS?    IF YES, EXPLAIN							
ADDITIONAL INSURED				<input type="checkbox"/> MORTGAGE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LAND CONTRACT HOLDER			
INTEREST _____							
NAME							
ADDRESS							

**PROPERTY COVERAGES, LIMITS AND PERILS / BUILDING & CONTENTS ( MIN. DEDUCTIBLE \$1,000)**

<b>BUILDING</b>	<b>AMOUNT</b>	<b>DEDUCTIBLE</b>	<b>CO - INSURANCE</b>	<b>BASIC / BROAD / SPECIAL</b>
1. <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%	
2. <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%	
<b>CONTENTS</b>	<b>AMOUNT</b>	<b>DEDUCTIBLE</b>	<b>CO - INSURANCE</b>	<b>BASIC / BROAD / SPECIAL</b>
1. <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%	
2. <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$	%	
<b>INCOME (CP70) AMOUNT</b>	<b>LIMITATION</b>	<b>CO-INS</b>	<input type="checkbox"/> <b>OFF PREMISE POWER FAILURE</b>	
\$		%		
<b>SIGNS</b>	<b>DEDEDUCTIBLE ( MIN \$500)</b>	<b>GLASS</b>		
\$		LINEAR FEET _____ GLASS VALUE \$ _____		
<b>RENT (LESSORS RISK ONLY)</b>		<b>FOOD SPOILAGE</b>	<b>GLASS DEDUCTIBLE (MIN \$500)</b>	<b>RESTAURANT EXTENSION (PICK ONE)</b>
\$	(100% ALL UNITS)	\$		<input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM (\$250 DEDUCTIBLE)
<b>CRIME ON</b>	<b>OFF</b>	<b>CRIME AND EMPLOYEE DIS. DEDUCTIBLE</b>	<b>EMPLOYEE DISHONESTY</b>	<b>NUMBER OF EMPLOYEES</b>
\$	\$	\$	<input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$ 25,000	
<b>ENTERTAINMENT</b>		IF YES WHAT TYPE:		HOW MANY DAYS PER WEEK?
IS ENTERTAINMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DANCING <input type="checkbox"/> BAND <input type="checkbox"/> DISC JOCKEY <input type="checkbox"/> TOPLESS <input type="checkbox"/> OTHER _____		
IS DANCING ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES WHAT TYPE: <input type="checkbox"/> ROCK & ROLL <input type="checkbox"/> COUNTRY WESTERN <input type="checkbox"/> OTHER _____		
ARE THERE AMUSEMENT DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES WHAT TYPE: <input type="checkbox"/> POOL TABLES    HOW MANY? _____ <input type="checkbox"/> VIDEO GAMES    HOW MANY? _____		<input type="checkbox"/> OTHER _____
DOES THE INSURED EMPLOY DOORMEN? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>LIABILITY</b>		<b>GENERAL AGGREGATE LIMIT 1,000,000</b>		
<input type="checkbox"/> LESSORS RISK <input type="checkbox"/> ALL OTHER (CP 100)		OCCURANCE \$ _____ AGGREGATE \$ _____		
<b>MEDICAL PAYMENTS</b>		<b>FIRE LEGAL LIABILITY</b>		
\$ 5,000		\$ 50,000		
<b>PRODUCT LIABILITY? --- AGGREGATE ALWAYS SAME AS OCCURRENCE</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>PERSONAL INJURY --- SAME OCCURRENCE LIMIT</b>		<b>HIRED AND NON - OWNED AUTO --- SAME OCCURRENCE LIMIT</b>		<b>NOT AVAILABLE IF DELIVERY IS PROVIDED OR IF THERE ARE OWNED AUTOS</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>TOTAL SQUARE FEET OF BUILDING (ALL FLOORS)</b>			<b>PARKING FACILITIES PROVIDED</b>	<b>NUMBER OF CARS</b>
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PREVIOUS CARRIER</b>				<b>PREMIUM</b>
				\$
<b>LOSSES IN THE PAST THREE YEARS?</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO    PLEASE ATTACH LOSS RUNS.				

General Agent's Signature \_\_\_\_\_ DATE \_\_\_\_\_