



# COMMERCIAL INSURANCE APPLICATION

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

## GENERAL INFORMATION

Business Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ World Wide Web Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_ Entity:  Individual  Partnership  Corporation  
 Other: \_\_\_\_\_

Description of business/operations (Include Brochures): \_\_\_\_\_

Annual Revenue (Gross): \$ \_\_\_\_\_  Museum  Art Gallery  Conservator  Art Dealer  Wholesale  
 Retail  Other (describe): \_\_\_\_\_

Liability Limit Requested:  \$1,000,000/\$2,000,000  \$2,000,000/\$4,000,000

## LOCATION INFORMATION

Primary location address: \_\_\_\_\_  
(if multiple locations used for your business, complete additional location application attached)

Interest of Insured:  Owner/Occupant  Lessor  Tenant

Construction of building:  Frame  Joisted Masonry  Masonry Non-Combustible  Non-Combustible  Fire Resistant

Building Age\*: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Total Area (SF): \_\_\_\_\_ Sprinklers:  Yes  No

\*If Building over 30 years, date and extent of renovation or upgrades for:

Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof: \_\_\_\_\_

Square Foot Occupied: \_\_\_\_\_ Occupancy:  Retail  Wholesale  Storage  Office  
Other Occupancies: \_\_\_\_\_

Building Limit: \$ \_\_\_\_\_ Contents Limit (Excluding Fine Art) \$ \_\_\_\_\_

Business Income/Extra Expense: \$ \_\_\_\_\_ Rental Income: \$ \_\_\_\_\_

Computer Hardware: \$ \_\_\_\_\_ Software: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

Mortgage Company/Landlord/Loss Payee (Name & Address), include item for reference/Loan or Account #:

Certificate Holders/ Additional Insureds (Name & Address) Include project or reason:

Safe on Premises?  Yes  No Exterior Doors with Deadbolts?  Yes  No

Frequency of Bank Deposits: \_\_\_\_\_

Exterior Lighting:  Front  Back Wire Mesh or Bars:  Doors  Windows

Security Guards?  Yes  No Alarms:  Fire  Burglary

Type:  UL Central Station  Line Security  Police Department Connection

UL Local Monitoring Company: \_\_\_\_\_

UL Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**IMPORTANT: PLEASE CHECK THE APPROPRIATE BOXES BELOW IF YOU WISH TO OBTAIN A QUOTE FOR ANY OR ALL OF THE FOLLOWING COVERAGES:**

Earthquake Insurance     Flood Insurance     Cyber Liability Insurance

### WORKERS' COMPENSATION

Required by State Law if you have Employees (Complete for each classification of duties)

<u>Classification</u>	<u># of Employees</u>	<u>Annual Remuneration</u>
Art/Retail	_____	_____
Art/Wholesale	_____	_____
Clerical/Office	_____	_____
Outside Sales	_____	_____
Museum Professionals	_____	_____
Museum/Others (security)	_____	_____
Other:	_____	_____
Officers (if Corporation)	_____	_____

### ERISA BOND/EMPLOYEE DISHONESTY

Limit Requested:  \$10,000     \$25,000     \$100,000     \$500,000     Other: \_\_\_\_\_

Pension Plan (401K) Name: \_\_\_\_\_ Current Plan Assets: \$ \_\_\_\_\_

### UMBRELLA LIABILITY

Umbrella Liability Option:  \$1,000,000     \$2,000,000     \$3,000,000     \$5,000,000     Other: \_\_\_\_\_

### OTHER GENERAL INFORMATION

**Current Insurance:** (If no insurance is in force, please explain and detail any possible losses or claims that might have been covered under a policy. If there has been no such losses, please state "No Known Losses." Should be on letterhead and signed by owner/officer.)

<u>Type of Policy</u>	<u>Insurance Company</u>	<u>Policy Number</u>	<u>Expiration Date</u>	<u>Premium</u>
Package/BOP	_____	_____	_____	_____
Fine Arts	_____	_____	_____	_____
Worker's Comp	_____	_____	_____	_____
Umbrella	_____	_____	_____	_____
Automobile*	_____	_____	_____	_____

\*Automobiles – For owned autos, please ask for separate application.

**Loss History:** (Attach Loss History from prior carrier, if available, or use separate sheet for loss details.)

<u>Date of Loss</u>	<u>Type of Loss/Description</u>	<u>Amount Paid</u>	<u>Open/Closed</u>
_____	_____	_____	_____

#### **New York Fraud Statement**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN AND RETURN TO:



**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**

1120 20th Street, NW | Washington, DC 20036 | Telephone: 202.223.0673 | Toll Free: 800.424.8830 | Fax: 847.953.1987