

Business Owners Policy Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION <i>(attach additional sheets for additional insureds)</i>								
Applicant Name:								
Address:								
City:						State:		
Zip Code:			Website:					
Company is:	Corporation	LLC	Partnership	Individual	Joint Venture	Other:		
Nature of Business:	Office	Retail	Apartments	Restaurant	Service	Other:		
<i>Provide detailed description of business operations below.</i>								
Number of Employees:		Hours of Operation:						
Annual Sales Receipts:	\$		Total Payroll:	\$				
During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime? <i>If yes, give details below.</i>							Yes	No
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien in past 5 years? <i>If yes, give details below.</i>							Yes	No

PREMISES INFORMATION								
Address:								
City:					State:		Zip Code:	
Interest:	Owner	Tenant	Percent Occupied:	%	Square Feet Occupied:			
Total Square Foot Area:		Number of Stories:		Basement?	Yes No			
Year Built:		Any area leased?	Yes No	Inside city limits?		Yes No		
Year each improved...	Wiring:		Roofing:		Plumbing:		Heating:	
Operational sprinkler system?							Yes	No
Operational burglar alarm system?		Yes	No	Operational central fire alarm?			Yes	No
Distance to Fire Hydrant:		Distance to Fire Station:		Fire District/Code:				
Construction Type:	Frame	Fire Resistive	Non-combustible	Modified Fire Resistive				
	Masonry	Masonry Non-combustible						

PREMISES INFORMATION CONTINUED

Provided detailed description of operations at this location below. Not necessary if the same as above.

Provide a description of the building below. Include surrounding exposures and other occupancies.

Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien in past 5 years?
If yes, give details below.

Yes No

GENERAL INFORMATION

Currently or previously storing, treating, applying, handling in anyway hazardous material? If yes, describe below.

Yes No

Are athletic teams sponsored? If yes, describe below.

Yes No

Own or operate any other business(s)? If yes, describe below.

Yes No

Do you rent or loan equipment to others? If yes, describe below.

Yes No

Do you require certificate of insurance for sub-contractors? If yes, who is checking?

Yes No

Involved in manufacturing, mixing, relabelling or repackaging products? If yes, describe below.

Yes No

Any exposure to flammables, explosives or chemicals? If yes, describe below.

Yes No

Any catastrophe exposures? If yes, describe below.

Yes No

Do you lease employees to or from other employers? If yes, describe below.

Yes No

Any uncorrected fire code violations? If yes, describe below.

Yes No

INSURANCE AND LOSS HISTORY

List all current policies below.

Policy	Policy #	Carrier	Premium	Effective	Expiration
Business Owners Policy					
Workers' Compensation					
Commercial Property					

INSURANCE AND LOSS HISTORY CONTINUED					
Commercial Auto					
EPLI					
Other:					
Other:					
Any coverage declined, cancelled or non-renewed during the prior 3 years? <i>If yes, describe below.</i>				Yes	No
Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? <i>If yes, describe below.</i>				Yes	No
<i>Describe all claims/losses in the past 3 years below. Attach additional sheets if needed.</i>					
Date of Loss	Amount Paid	Reserve	Description & Current Status		

REQUESTED COVERAGES & LIMITS*		
Liability Coverages	Limit	Deductible
General Liability CSL		
Hired/Non-Owned Auto		
Employment Practice Liability		
Cyber Liability		
Liquor Liability		
Excess Liability		
Other:		
Other:		
Property Coverages	Limit	Deductible
Property		
Earthquake		
Loss of Income		
Employee Dishonesty/Theft		
Valuable Papers		
Accounts Receivable		
Outdoor Signs		
Ordinance or Law		
Fine Arts		
Computers		
Other:		
Other:		

*Not all coverages, limits and/or deductibles are available in all states or for all risks. This is a starting point.

ADDITIONAL INTERESTS (<i>Mortgagee, Loss Payee, etc.</i>)		
Name	Address	Interest

ADDITIONAL REMARKS

DISCLOSURE			
I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.			
*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.			
This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.			
Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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