

[Response Indemnity Company of California - California] [Lyndon Southern Insurance Company - Arizona, Idaho, Nevada, Oregon, Utah, and Washington]

Underwriter:	Brokon	Data
Underwriter:	Broker:	Date:

Business Park Program Application

This application forms and becomes part of your p	olicy.
INSURED	

Named Insured:	Effective Date:		
DBA:		Entity:	
E-mail Address:			
Mailing Address:			
City:	State:	Zip code:	
Location Address:			
City:	State:	Zip code:	

COMMON AREA PROPERTY

Peril:	(Co Ins:	Deductible	: \$	
Walls/Fences/Gates:	\$		Streets/Sidewalks:	\$	
Monuments/Signs:	\$		Parking Lots:	\$	
Sprinkler/Irrigation:	\$		Lights/Poles:	\$	
Trees/Shrubs:	\$		Trash Enclosures:	\$	
Landscaping:	\$		Mailbox Kiosk:	\$	
Other:	Ś				

LIABILITY

General Liability:	\$ Occurrence/Aggregate
Fire Damage:	\$
Medical Expense:	\$
Hired & Non-Owned Auto:	\$ *If requesting umbrella coverage, please
Umbrella:	\$ include Acord 131

ADDITIONAL INFORMATION

□ Yes □ No	Has the broker personally seen the risk?	Prior Policy Number:	
🗆 Yes 🗆 No	Has coverage been cancelled/non-renewed?	Company Name:	
If yes, explain:		Expiration Date:	
🗆 Yes 🗆 No	Prior Losses? (3 yr. current valued loss runs must be provided)	Premium:	
	Number of water damage claims:		
🗆 Yes 🗆 No	Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer,		
	or owner?		
🗆 Yes 🗆 No	Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error or omission		
	which could reasonably be expected to result in a claim, suit, or complaint?		

□ Yes □ No Does the insured utilize an employment handbook, website, or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?			
\square Yes \square No In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the			
workforce totaling more than 15% of the total employee co			
How many employees does the insured have? Full Time:	Part Time:		
COMMON AREA INFORMATION			
□ Yes □ No Any known evidence of MOLD damage? *	Operations/Management		
□ Yes □ No Any unrepaired damage to property? *	\Box Yes \Box No Owners experience at this location 1+ year?		
*If 'Yes', explain in detail and respond separately in notes.	If new, provide type of experience and years:		
Construction Type: Roof Type:			
	□ Yes □ No Managed by professional property mgmt. co?		
Year Built:	Liability insurance verified for:		
Number of years at this location:	Yes No Landscaper		
Total common area sq. ft.:	Yes No Maintenance		
Total # of Buildings:	Yes No Electrician		
Total # of Units: Total # of Stories:	□ Yes □ No Plumber □ Yes □ No Service/maintenance contracts for electrical		
	□ Yes □ No Service/maintenance contracts for electrical gates & elevators?		
If Park includes any structures, please complete questions 1-4	Commercial Auto		
01. Electrical	□ Yes □ No Does the applicant own any commercial auto?		
Has the electrical system been 🗆 Updated, 🗖 Upgraded or	□ Yes □ No Commercial auto insurance in force?		
□ Replaced? If YES, when?	□ Yes □ No Non-owned/Hired Auto liability provided by		
If Yes to "Replaced", was it: □ Partial or □ Full Copper wiring? □ Yes □ No □ Unsure	auto policy? □ Yes □ No Does the applicant's employees use their		
Is the property on circuit breakers? Yes No Unsure	personal auto for business?		
02. Plumbing	\Box Yes \Box No Does the applicant require these employees		
Has the plumbing been 🗆 Updated, 🗆 Upgraded or	to carry liability insurance?		
□ Replaced? If YES, when?			
If Yes to "Replaced", was it: 🗆 Partial or 🗆 Full	NOTES:		
03. Roofing			
Has the roof been Updated, Upgraded or			
□ Replaced? If YES, when? If Yes to "Replaced", was it: □ Partial or □ Full			
04. HVAC			
Has the HVAC System been 🗆 Updated, 🗆 Upgraded or			
□ Replaced? If YES, when?			
If Yes to "Replaced", was it: Partial or Full			
Safety			
□ Yes □ No Sprinklered? □ Yes □ No Are there handicap ramps/facilities?			
\Box Yes \Box No Brush area? *			
\Box Yes \Box No Hillside/slopes? *			
□ Yes □ No Vegetation on hillside? *			
*If "yes" to the above, explain:			
<u> </u>			

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Please read the following statement carefully and sign where indicated. If the Employment Practices Liability Coverage Part/Endorsement is issued, this signed statement is deemed to be attached to and shall become a part of the policy.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in the Employment Practices Liability coverage part or endorsement shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the Employment Practices Liability coverage part or endorsement.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT, OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

Person to contact for inspection:		Applicant/Broker Signature	
Name:	Phone:	Χ	
Email:		Date:	

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