



Underwriter: _____

Broker: _____

Date: _____

Commercial Office Condo Program Application

This application forms and becomes part of your policy.

INSURED

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

PROPERTY

	<i>Limit</i>	<i>Perils</i>	<i>Co-Ins.</i>	<i>Deductible</i>	
Building:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Signs:	\$ _____	_____	_____	\$ _____	

LIABILITY

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

COVERAGE AVAILABLE

	<i>Limit</i>	<i>Deductible</i>
Ordinance or Law:	\$ _____	
Association Fee:	\$ _____	\$ _____
Accounts Receivable:	\$ _____	
Valuable Papers:	\$ 100,000	\$ _____
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk?	Prior Policy Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed?	Company Name: _____
<i>If yes, explain:</i> _____	Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided)	Premium: _____

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:	X	
Email:		Date:	

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