



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

Business Park 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: _____

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: \$ _____		

LIABILITY

General Liability: \$ _____	<i>Occurrence/Aggregate</i>
Fire Damage: \$ _____	
Medical Expense: \$ _____	
Hired & Non-Owned Auto: \$ _____	

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

Application continues on page 2

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*As used in this questionnaire, "third party" means a written or oral demand, civil suit, or administrative, arbitration or criminal proceeding (regardless of its validity or outcome) brought by a third party concerning injury or damage arising out of the premises and/or operations for which applicant seeks insurance (No coverage for these and unknown claims/losses occurred prior to binding). Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud, is guilty of a crime and subject to civil fines, criminal penalties and confinement in prison. This application forms and becomes part of your insurance policy.

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed? If yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided) Number of water damage claims: _____	Prior Policy Number: _____ Company Name: _____ Expiration Date: _____ Premium: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 count?	
How many employees does the insured have? Full Time: _____ Part Time: _____	

COMMON AREA INFORMATION

01. <input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage? * <input type="checkbox"/> Yes <input type="checkbox"/> No Any unrepaired damage to property? * *If 'Yes', explain in detail and respond separately in notes.	08. Operations/Management <input type="checkbox"/> Yes <input type="checkbox"/> No Owners experience at this location 1+ year? If new, provide type of experience and years: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Managed by professional property mgmt. co? Liability insurance verified for: <input type="checkbox"/> Yes <input type="checkbox"/> No Landscaper <input type="checkbox"/> Yes <input type="checkbox"/> No Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No Electrician <input type="checkbox"/> Yes <input type="checkbox"/> No Plumber <input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for electrical gates & elevators?
02. Construction Type: _____ Roof Type: _____ Year Built: _____ Number of years at this location: _____ Total common area sq. ft.: _____ Total # of Buildings: _____ Total # of Units: _____ Total # of Stories: _____	09. Commercial Auto <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?
If Park includes any structures, please complete questions 3 – 6.	
03. Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Copper wiring? <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on circuit breakers? <input type="checkbox"/> Unsure	NOTES:
04. Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the plumbing system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure	
05. Roofing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure	
06. HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No Has the HVAC system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure	
07. Safety <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there handicap ramps/facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Brush area? * <input type="checkbox"/> Yes <input type="checkbox"/> No Hillside/slopes? * <input type="checkbox"/> Yes <input type="checkbox"/> No Vegetation on hillside? * *If "yes" to the above, explain: _____ _____ _____	