



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

Commercial LRO 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	Limit	Perils	Co-Ins.	Deductible	
Building:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
TIB:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Annual Rents:	\$ _____		ALS		
Signs:	\$ _____			\$ _____	

LIABILITY

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

COVERAGE AVAILABLE

	Limit	Deductible
Ordinance or Law:	\$ _____	
Employee Dishonesty (Blanket Occ/Agg Limit)	\$ _____	\$ _____
Accounts Receivable:	\$ _____	
Valuable Papers:	\$ _____	\$ _____
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

Application continues on page 2

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?	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: _____
<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: _____		

BUILDING / PROPERTY INFORMATION

<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant have any knowledge of water intrusion or complaint of water intrusion into any unit of common indoor areas within the past three years? <i>*If 'Yes' to any of the above, explain in detail and respond in NOTES</i></p> <p>02. Construction Type: _____ Total number of stories: _____ _____ Total number of buildings: _____ Roof Type: _____ Distance between bldgs.: _____ _____ Total number of units: _____ Year Built: _____ Total building area sq. ft: _____</p> <p>03. Years in business at this location? _____</p> <p><i>If the property is 25 years of age or older, please answer the following questions to the best of your knowledge:</i></p> <p>04. 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</p> <p>05. 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</p> <p>06. Roofing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure</p> <p>07. 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</p> <p>08. Safety <input type="checkbox"/> Yes <input type="checkbox"/> No Fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors in all units? <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors checked semi-annually? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Central station alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators? How many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for electrical gates, elevators, plumbing and landscaping?</p>	<p>09. Parking Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Built-in garage? <input type="checkbox"/> Yes <input type="checkbox"/> No Carports? Attached or Detached? <input type="checkbox"/>A <input type="checkbox"/>D <input type="checkbox"/> Yes <input type="checkbox"/> No Ground Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Open lot parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Underground?</p> <p>Occupancy</p> <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No Any manufacturing exposures on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Any assembly or fabrication exposures on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Any habitational occupancy in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant in any capacity occupy any space? Current occupancy rate %: _____ Total annual receipts: _____ What is the occupancy type? _____ <i>(List all tenant occupancies on page 3)</i></p> <p>10. Operations/Management <input type="checkbox"/> Yes <input type="checkbox"/> No Owners experience at this location +1 year? <i>If new, list experience and years:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Managed by professional property mgmt. co? <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?</p> <p>NOTES:</p>
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