



# UCA General Insurance Services, Inc.

Underwriter: \_\_\_\_\_

Broker: \_\_\_\_\_

Date: \_\_\_\_\_

## Distributor/Mercantile 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
Business Income:	\$ _____	ALS		\$ _____	
Signs:	\$ _____			\$ _____	

### LIABILITY

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

### COVERAGE AVAILABLE

	Limit	Deductible
Ordinance or Law:	\$ _____	
Employee Dishonesty (Blanket Occ/Agg Limit)	\$ _____	\$ _____
Money & Securities:	\$ _____	\$ _____
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: _____	<b>X</b>	
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 / OPERATIONS INFORMATION**

<p>01. <input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any un-repaired damage to the property? *</p> <p><i>*If 'Yes', explain in detail and respond in notes.</i></p> <p>02. Construction type: _____</p> <p>Roof type: _____</p> <p>Year built: _____</p> <p>Total building area: _____ Sq. Ft.</p> <p>Total area occupied by applicant: _____ Sq. Ft.</p> <p>Sub-leased area to other by applicant: _____ Sq. Ft.</p> <p>Tenants occupied as: _____ Sq. Ft.</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>03. <b>Electrical</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Copper wiring?</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on circuit breakers?</p> <p><input type="checkbox"/> Unsure</p> <p>04. <b>Plumbing</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the plumbing system been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p>05. <b>Roofing</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p>06. <b>HVAC</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the HVAC system been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p>07. <b>Safety</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Fire sprinkler system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors in all units?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors checked semi-annually?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Electrical gates/doors?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Safe? <i>If 'Yes', list size and type:</i> _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Central station alarm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Elevators? How many? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for electrical gates &amp; elevators?</p>	<p>08. <b>Operations</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Owner's experience at this location +1 year?</p> <p><i>If new, list type of experience and years:</i> _____</p> <p>Hours of operations:</p> <table style="width:100%; text-align: center;"> <tr> <td>SUN</td> <td>MON</td> <td>TUE</td> <td>WED</td> <td>THU</td> <td>FRI</td> <td>SAT</td> </tr> </table> <p>Description of operations: _____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any stock on premises?</p> <p><i>If 'yes', explain:</i> _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any manufacturing exposures on premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any off premises operations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are used items sold?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any self labeling of goods sold?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any custom computer programming or consulting?</p> <p>09. <b>Commercial Auto</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?</p> <p><b>NOTES:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	SUN	MON	TUE	WED	THU	FRI	SAT
SUN	MON	TUE	WED	THU	FRI	SAT		