



# UCA General Insurance Services, Inc.

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

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

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

## Shopping Center 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:	\$ _____	\$ _____	\$ _____		
Business Income:	\$ _____	\$ _____	\$ _____		
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: _____	<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: _____
If yes, explain: _____		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	Any un-repaired damage to the proposed insured property? <i>*If 'Yes', explain in detail and respond separately.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been cited for violations of the state or local codes relating to Health, Sanitation, and/or Building Fire Safety? <i>*If 'Yes', explain in detail and respond separately.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any lawsuits against any applicants in the past 5 years? <i>*If 'Yes', explain in detail and respond separately.</i>	
<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 / OCCUPANCY INFORMATION**

<p>01. <input type="checkbox"/> Yes <input type="checkbox"/> No Is property in good condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage? <i>*If 'Yes', explain in detail and respond separately.</i></p> <p>02. Years in business at this location: _____          Total building area: _____ Sq. Ft.          Total # of stories: _____          Construction type: _____          Roof type: _____</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. <b>Electrical</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when?  <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. <b>Plumbing</b>  <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. <b>Roofing</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced?  <input type="checkbox"/> Unsure If YES, when?</p> <p>07. <b>HVAC</b>  <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. <b>Safety</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No Building(s) fully sprinklered?  <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 Armed security guard on premises?  <i>*If 'Yes', armed security guard employed by: _____</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators?  <input type="checkbox"/> Yes <input type="checkbox"/> No Are there handicap ramps/facilities?  <input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for electronic doors, gates, and elevators?</p>	<p>09. <b>Operations/Occupancy**</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No Any habitational occupancy in building?  <input type="checkbox"/> Yes <input type="checkbox"/> No Any manufacturing exposures on the premises?  <input type="checkbox"/> Yes <input type="checkbox"/> No Any assembly or fabrication exposures on the premises?  <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any gas stations within the shopping center? <i>If 'Yes', explain:</i>          _____  <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any restaurant occupancies on the premises?  <input type="checkbox"/> Yes <input type="checkbox"/> No Does the owner in any capacity occupy any unit(s) on the premises?  <i>Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><b>**Please complete tenant list on page 3.</b></p> <p>10. <b>Commercial Auto</b>  <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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