

# COMMERCIAL PROPERTY APPLICATION

<b>For office Use Only</b>	<b>Underwriter:</b> <input type="checkbox"/> Nemwil <input type="checkbox"/> Caribbean Alliance <input type="checkbox"/> Lloyd's <input type="checkbox"/> Lemma <input type="checkbox"/> Real Legacy <input type="checkbox"/> Gulf	<b>Policy No.</b> _____	<b>Premium</b> _____
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## Applicant Contact And Address Information

<b>How would you prefer to receive your policy documents?</b> <input type="checkbox"/> Posted <input type="checkbox"/> Emailed (please provide your email address)	<b>Telephone Email</b> (please provide your email address) Tel: (____) _____ Cell: (____) _____ Fax: (____) _____ Email: _____
<b>Contact Name</b> (Required)  <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Rev	<b>Mailing Address</b>  _____
<b>Applicant Name</b> ( Please indicate <input type="checkbox"/> Corporation or <input type="checkbox"/> Individual)	_____

## Mortgagee Information

<b>Is the property financed?</b> <input type="checkbox"/> No <input type="checkbox"/> YES (Bank Name Address Required)	<b>Bank's Name</b> _____	<b>Address</b> _____
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## Property Information (Rating)

<b>Zone Location</b> <input type="checkbox"/> Coastal <input type="checkbox"/> Non Coastal  <b>Contents Only</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please choose a contents deductible below)  <b>Building Only</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Building and Contents</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Block No</b> (if part of your total insurance package includes a "Private" dwelling, a Block No Parcel No is a mandatory requirement)  <b>Block No.</b> _____ <b>Parcel No(s)</b> _____  <b>Registration Section</b> _____	<b>Dwelling</b> <input type="checkbox"/> Offices <input type="checkbox"/> Apartments <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Banks <input type="checkbox"/> Church <input type="checkbox"/> Store-Retail <input type="checkbox"/> Supermarkets <input type="checkbox"/> Condominiums  <b>Swimming Pool</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>No. of Buildings on the property</b> _____  <b>No. of Stories</b> _____  <b>How many units</b> _____ <small>(for apartments)</small>
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<b>Building Structure</b>  <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistant <small>(Entire building is concrete)</small>	<b>Roof Structure/Material</b>  <input type="checkbox"/> Wood/Galvanized <input type="checkbox"/> Concrete	<b>Cistern</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Other</b> (please describe)  _____
<b>Insured Value</b>  <b>Est. Building Cost</b> _____ <b>Est. Contents Cost</b> _____ <b>Business Interruption</b> _____	<b>Are Hurricane clips attached to the roof?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Year Built</b>  _____	<b>Property Address (e.g. Belle Vue)</b>  _____

## Deductible

## Personal Liability Limits

Note: Deductible for Windstorm Earthquake (and flood following either of these perils) is 2% of total sum insured.

<b>Contents</b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$5000	<b>Commercial Property</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Liability</b> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
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<b>Explain all "Yes" responses in the Remarks Section:</b>  1. Any fire/burglary device? (e.g. Dogs, Security cameras, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 2. Are premises rented? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ How many units rented? _____ 3. Any Insurance declined, cancelled or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 4. Any other Insurance with Company? (list Policy type No) <input type="checkbox"/> No <input type="checkbox"/> Yes _____	<b>Remarks</b>  _____ _____ _____
Applicant Signature (or representative of company) _____	Date _____