

## Property

**Property: For Building 1:** Location Address: \_\_\_\_\_

| Building Limit:          |  |                                      |                                   |
|--------------------------|--|--------------------------------------|-----------------------------------|
| Office Contents Limit:   |  |                                      |                                   |
| Shop Contents:           |  |                                      |                                   |
| Construction of Building |  |                                      |                                   |
| Roof Construction        | <input type="checkbox"/> Wood            | <input type="checkbox"/> Metal       | <input type="checkbox"/> Concrete |
| Exterior Walls           | <input type="checkbox"/> Wood            | <input type="checkbox"/> Brick/Block | <input type="checkbox"/> Concrete |
| Burglar Alarm            | <input type="checkbox"/> Central Station | <input type="checkbox"/> None        |                                   |

**Property: For Building 2:** Location Address: \_\_\_\_\_

| Building Limit:          |  |                                      |                                   |
|--------------------------|--|--------------------------------------|-----------------------------------|
| Office Contents Limit:   |  |                                      |                                   |
| Shop Contents:           |  |                                      |                                   |
| Construction of Building |  |                                      |                                   |
| Roof Construction        | <input type="checkbox"/> Wood            | <input type="checkbox"/> Metal       | <input type="checkbox"/> Concrete |
| Exterior Walls           | <input type="checkbox"/> Wood            | <input type="checkbox"/> Brick/Block | <input type="checkbox"/> Concrete |
| Burglar Alarm            | <input type="checkbox"/> Central Station | <input type="checkbox"/> None        |                                   |

**\*\*\*For all other Buildings in excess of 2 please see separate Building Supplemental Application\*\*\***

## General Liability

|   |    |
|---|----|
| Number of full time workers (exclude Office Workers): | \$ |
| Number of part time workers (Less than 3 Hours):      | \$ |
| Total Payroll for Workers (Excluding Office Workers): | \$ |

# Umbrella

Coverage Requested (In Million Dollar Limit): \_\_\_\_\_

## Workers Compensation

|                                      | Annual Payroll |
|--------------------------------------|----------------|
| Federal ID Number (9 digit number)   |                |
| Clerical Workers                     | \$             |
| Inside and Outside Salespersons      | \$             |
| Executive Officers                   | \$             |
| Swimming Pool Installer and Servicer | \$             |
| Other                                | \$             |

## Automobile

### **Vehicle 1**

|                                   |       |        |              |
|-----------------------------------|-------|--------|--------------|
| Year:                             | Make: | Model: | Cost New: \$ |
| Vehicle ID Number:                |       |        |              |
| Garage Location Town and County : |       |        |              |

### **Vehicle 2:**

|                                   |       |        |              |
|-----------------------------------|-------|--------|--------------|
| Year:                             | Make: | Model: | Cost New: \$ |
| Vehicle ID Number:                |       |        |              |
| Garage Location Town and County : |       |        |              |

### **Vehicle 3:**

|                                   |       |        |              |
|-----------------------------------|-------|--------|--------------|
| Year:                             | Make: | Model: | Cost New: \$ |
| Vehicle ID Number:                |       |        |              |
| Garage Location Town and County : |       |        |              |

**Vehicle 4:**

|                                   |       |        |              |
|-----------------------------------|-------|--------|--------------|
| Year:                             | Make: | Model: | Cost New: \$ |
| Vehicle ID Number:                |       |        |              |
| Garage Location Town and County : |       |        |              |

**\*\*\*For all other Vehicles in excess of 4 please see Supplemental Vehicle Application\*\*\***

## Driver Information

**Driver 1:**

|   |                 |                       |
|---|-----------------|-----------------------|
| First Name:   | Middle Initial: | Last Name:            |
| License #:  | DOB: / /        | State License Issued: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |                 |                       |

**Driver 2:**

|   |                 |                       |
|---|-----------------|-----------------------|
| First Name:   | Middle Initial: | Last Name:            |
| License #:  | DOB: / /        | State License Issued: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |                 |                       |

**Driver 3:**

|   |                 |                       |
|---|-----------------|-----------------------|
| First Name:   | Middle Initial: | Last Name:            |
| License #:  | DOB: / /        | State License Issued: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |                 |                       |

**Driver 4:**

|   |                 |                       |
|---|-----------------|-----------------------|
| First Name:   | Middle Initial: | Last Name:            |
| License #:  | DOB: / /        | State License Issued: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |                 |                       |

**\*\*\*For all other Drivers in excess of 4 please see Supplemental Driver Application\*\*\***