

GENERAL INFORMATION

Applicant's Name: _____ Applicant's Email: _____ Applicant's Mailing Address: _____ _____	FEIN: _____ (Federal Employer Identification Number) Years in Business: _____
Applicant conducts business as: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify): _____	

In case a physical inspection is required, please provide the following information:

Name of Contact: _____ Telephone No.: _____ Facsimile No.: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____ Quote Bind Issue

GENERAL UNDERWRITING INFORMATION

1. Is applicant a parent of or subsidiary of another entity? Yes No
 (If Yes, provide details in Remarks.)
2. Are there any business operations conducted by applicant other than those of a law firm? Yes No
 (If Yes, provide details in Remarks.)
3. Does applicant have lawyer's professional liability insurance coverage? Yes No
 (If Yes: Insurance Carrier: _____ Limit of Insurance: _____)
4. Has any insurance company declined, canceled, or non-renewed coverage for this or similar coverage? Yes No
 (If Yes, provide details in Remarks.)

Previous Insurance Carriers (last three years & claims history)	Date of Loss	Amount of Loss	Description of Loss

Remarks:

The information contained in this application form is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

PROPERTY COVERAGE INFORMATION

Location No. _____ Address: _____

Applicant is: [] Tenant (i.e., non-owner occupant) [] Lessor (i.e., owner occupying less than 75%)
[] Owner-Occupant (i.e, owner occupying 75% or more)

Construction: [] Frame (including brick veneer) [] Joisted Masonry or Non-Combustible
[] Masonry Non-Combustible [] Fire Resistive

Fully Sprinklered: [] Yes [] No Area occupied by applicant _____ square feet

Number of Stories: _____ Total Building square footage _____

Year building built: _____ *If over thirty years old, give date and extent of renovations for:

Electrical Wiring: Date: _____ Renovation: [] Modest [] Moderate [] Extensive

Heating System: Date: _____ Renovation: [] Modest [] Moderate [] Extensive

Plumbing System: Date: _____ Renovation: [] Modest [] Moderate [] Extensive

Roof: Date: _____ Renovation: [] Modest [] Moderate [] Extensive

[] General Liability Limits [] 1,000,000/2,000,000
[] 2,000,000/4,000,000

Limit: \$ _____ (Includes office furniture, fixtures, copiers, telephone systems, facsimile machines, stock, law library, etc.)

[] Business/Personal Property Deductible: [] 500 [] 1,000 [] 2,500 [] 5,000

Burglar Alarm or Other Burglary Protection:

[] Local Alarm [] Central Alarm without keys [] Central Alarm with keys

[] Double cylinder deadbolt locks on all exterior doors [] Night Watchman

[] Doors and/or Windows protected by: [] Gratings [] Bars

[] Computers and Media Limit: [] \$25,000 [] \$50,000 [] \$75,000 [] \$100,000 [] \$125,000
[] \$150,000 [] \$175,000 [] \$200,000 [] \$225,000 [] \$250,000

[] Accounts Receivable Limit: [] \$25,000 [] \$50,000 [] \$75,000 [] \$100,000 [] \$125,000
[] \$150,000 [] \$175,000 [] \$200,000 [] \$225,000 [] \$250,000

[] Valuable Papers & Records Limit: [] \$25,000 [] \$50,000 [] \$75,000 [] \$100,000 [] \$125,000
[] \$150,000 [] \$175,000 [] \$200,000 [] \$225,000 [] \$250,000
[] \$500,000

[] Money and Securities Inside Limit: [] \$10,000 / Outside Limit: [] \$2,500 [] \$5,000 [] \$10,000
Safe: [] None [] Fire Resistive [] Burglar Resistive [] Burglar-Proof

[] Employee Dishonesty Limit: [] \$25,000 [] \$100,000 [] \$200,000
No. of Employees: _____ [] \$50,000 [] \$150,000 [] \$250,000
[] ERISA extension

[] Fine Arts

(attach schedule and valuations) Limit of Insurance: \$ _____

Hired/Non-owned Automobile Insurance- Drivers Information	Include All Attorneys and any employees, in the course of their business day who drive their own vehicles for business utilized more than 2 times a week.		
	Name	Drivers License #	State Licensed

GENERAL UNDERWRITING INFORMATION

- 1. Does insured have at least 3 years of experience in same or related business? Yes No
- 2. Does insured have a program to prevent the selling/serving of alcoholic beverages to minors and persons who are intoxicated? Yes No
- 3. Are all buildings designed for current occupancy? Yes No
- 4. Do all buildings have tagged and operable fire extinguishers? Yes No
- 5. Do all buildings have deadbolt locks installed? Yes No
- 6. Do buildings with barred windows have safety releases? Yes No
- 7. Do all buildings have two exits on each floor? Yes No
- 8. Does insured conduct other operations or own other businesses or properties? Yes No
- 9. Has insured ever filed for bankruptcy in this or a prior business? Yes No
- 10. Do receipts from service, repair or installation exceed 25% of total revenue? Yes No
- 11. Any buildings with elevators? Yes No
- 12. Any location with gas pumps or underground tanks? Yes No
- 13. Any used items sold? Yes No
- 14. Does applicant deliver goods? Yes No
- 15. Any business open after 11:00PM? Yes No
- 16. Any buildings vacant more than 60 days? Yes No

17. Total Number of Employees: Full Time _____ Part Time _____

Total Gross Sales/Revenues: \$ _____

REMARKS / Additional Locations:
