



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

**BUSINESSOWNER APPLICATION**

All questions must be answered and application must be signed by applicant.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

D/B/A: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Sole Proprietorship       Partnership       Corporation       Other

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Location Address: \_\_\_\_\_ Zip \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

Mortgage: \_\_\_\_\_ Zip \_\_\_\_\_

Loss Payable: \_\_\_\_\_ Interest: \_\_\_\_\_

Additional Insured: \_\_\_\_\_ Interest: \_\_\_\_\_

Business of Applicant: \_\_\_\_\_ Insp Contact Name & # \_\_\_\_\_

Years Management Experience \_\_\_\_\_ Age of Building \_\_\_\_\_ # of Stories \_\_\_\_\_

Hours of operation? \_\_\_\_\_

Office Sq. Feet \_\_\_\_\_ Merc Sq. Feet \_\_\_\_\_ Total Sq. Feet \_\_\_\_\_

Description of mercantile occupancies \_\_\_\_\_

Area Occ. By insured \_\_\_\_\_ Sales / Receipts \_\_\_\_\_

Percent of property vacant \_\_\_\_\_ %

Electrical system checked by qualified electrician?  Yes  No If Yes, when? \_\_\_\_\_

Is the electrical system connected to circuit breakers?  Yes  No

Is the electrical system aluminum or knob and tube?  Yes  No

Heating system checked by a qualified contractor?  Yes  No If Yes, when? \_\_\_\_\_

If the roof is flat, has it been re-coated in the past 10 years?  Yes  No

Age of the roof? \_\_\_\_\_ Electrical Update? \_\_\_\_\_ Plumbing Update? \_\_\_\_\_ Heating Update? \_\_\_\_\_

- Is the plumbing completely PVC or Copper?  Yes  No
- Are storage areas and aisles clean and trash disposed of properly?  Yes  No
- Is there evidence of water damage, broken windows, or breaks in pavements or floor? \_\_\_\_\_
- Any "special" hazards (raised walks, street elevators, etc.)? \_\_\_\_\_
- Is the property eligible according to our coastal guidelines?  Yes  No
- Is the property seasonal?  Yes  No
- Are there smoke detectors in each unit?  Yes  No
- Are there smoke detectors in all common and mechanical equipment areas?  Yes  No
- Any special protective devices, clothing, etc. in use?  Yes  No
- Formal training program for new employees?  Yes  No
- Any alarm system?  Yes  No  Central  Local

**LOSS HISTORY**

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Previous Carrier	_____	Premium \$ _____		
Building Exposures	North _____ South _____ East _____ West _____			
Occupancy	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Construction	_____	_____	_____	_____
Deductible	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Other
Liability	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
Class Code	_____	_____	Protection Class _____	
Construction	_____	<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost	
Building Limit	\$ _____	Contents Limits \$ _____	Automatic Increase _____	% _____
Business Income Limit	\$ _____	_____	_____	_____

Cause of Loss       Named Perils       All Risk

Burglar Alarm       Local       Central Station (attach copy for Alarm Credit)       24 hr watchmen

Fire Alarm       Local       Central Station       Sprinkler System

Building Inflation Guard       Yes  No

2%  4%  6%

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date