



Business Segment

- ☐ Apartment
- ☐ Garage
- ☐ Building
- ☐ Office
- ☐ Business
- ☐ Religious

- ☐ Condominium Residential
- ☐ Restaurant
- ☐ Condominium Commercial
- ☐ Store
- ☐ Contractors
- ☐ Technology Office

1. Named Insured _____
2. Phone Number _____
3. Mailing address _____
4. Location address (if different) _____
5. State _____ Zip Code _____
6. Effective Date _____
7. Legal Entity: Corporation ☐ Individual ☐ Joint Venture ☐ Partnership ☐
Other ☐ _____
8. Year Business Established _____
9. If less than three years in business, does the current ownership have three years of management experience in a related field? Yes ☐ No ☐
Or are they a franchised operation? Yes ☐ No ☐
10. Has Insurance coverage been cancelled, declined or non-renewed in the last three years? Yes ☐ No ☐
11. Have there been any claims or loss occurrences in the last three years? Yes ☐ No ☐
(If yes, obtain loss information)
12. How many locations are on the policy _____
13. What is the total TIV (Building, if any, + BPP, if any) for all locations? _____
What is the highest TIV at any single building? _____
14. What are the total annual receipts? _____
15. Are you quoting an Automobile policy for this account? Yes ☐ No ☐
If so, how many vehicles will be covered? _____
16. Are you quoting a Workers Compensation policy for this account? Yes ☐ No ☐
If yes, what is the total annual payroll? _____
17. Property Deductible _____
18. Any Additional Insureds? If so, how many? _____
19. Multi Occupancy Building? Yes ☐ No ☐



20. Total Square Footage _____
 Incidental Apartment Square Footage (if any) _____
 LRO Square Footage (if any) _____
 Square Footage Insured Occupies (if any) _____
21. Building Limit (if any) _____
22. Construction Type: Frame ☐ Joint Masonry ☐ Light Non Combustible ☐
 Heavy Non Combustible ☐
23. Year building constructed _____
 If over 30 years old, does the building have aluminum wiring? Yes ☐ No ☐
 Does the building have circuit breakers? Yes ☐ No ☐
 Year roof was updated/replaced? _____
24. Number of Stories _____
25. BPP Limit (include computer limits) _____
26. EDP Values \$50,000 or less Yes ☐ No ☐
 If EDP Values are more than \$50,000 indicate total _____
27. Total Payroll _____
28. Total # of Employees: Full Time _____ Part Time _____

FOR PAC SPECIFIC ADDITIONAL QUESTIONS, SEE PAGES 3 AND 4



PAC SPECIFIC ADDITIONAL QUESTIONS

Apartments/Condominiums

1. Swimming Pool Yes ☐ No ☐
2. Playground Equipment Yes ☐ No ☐
3. # of Units per fire rating division _____
4. # of Buildings _____
5. Blanket property limits? Yes ☐ No ☐

Buildings

1. Type of Occupancy: Office ☐ Mercantile ☐ Religious Use ☐ Gas Stations ☐
Apartment Mercantile ☐ Shopping Center ☐ Manufacturing/Processing/Contracting ☐
2. If shopping center, parking lot square footage _____

Contractors

1. Is there subcontracted work? If so, what is the cost? _____
(Note: cost of work subcontracted to others must be < 25% of total receipts)
2. Is Contractors Equipment required for large mobile equipment? If yes,
Description and amount of each item _____

Restaurants

1. Do they have any of the following operations: Fine Dining ☐ Banquet Facilities ☐
Greater than 25% Catering ☐
2. Is Liquor Liability coverage requested? Yes ☐ No ☐ If so, annual receipts? _____
Any liquor liability claims? Yes ☐ No ☐
Are servers trained in an intervention program such as tips? Yes ☐ No ☐
Does bar service continue after meal service has stopped? Yes ☐ No ☐
3. Amount of Spoilage coverage (\$5,000 limit is defaulted) _____
4. If a tenant, what is the restaurant equipment limit (permanently installed kitchen machinery and equipment, such as dishwashing, ventilating, cooking)? _____

Store

1. Are vending machine operations your primary business Yes ☐ No ☐
2. Are online sales more than 50% of your annual revenue Yes ☐ No ☐
3. Does the store have any of the following exposures? Car Wash ☐ Gas Pumps ☐
Playground Equipment ☐



Garage

1. # of employees (count part-time employees at .5 and full time as 1) _____
2. Is Hired/Non-Owned Coverage included on a separate Auto Policy? Yes ☐ No ☐
3. Is Garagekeepers coverage requested? Yes ☐ No ☐
 Comprehensive & Collision Limit _____
 Comprehensive Deductible 250 ☐ 500 ☐
 Collision Deductible (\$500 only option)
 Liability Option: Direct Primary ☐ Legal Liability ☐
4. Tire sales must be less than 25% of total revenue Yes ☐ No ☐
5. Is there an off premises portable tools exposure? If yes, what is the limit? (Schedule of each item valued in excess of \$500 required)

6. Does the garage have any of the following exposures?
 Car Wash ☐ Gas Pumps ☐ Propane Filling ☐