

**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