



Property Eligibility Form



Named Insured: _____

DBA: _____

Individual Corporation Partnership Joint Venture Other: _____

Property Address: _____

City: _____ County: _____ State: _____ Zip: _____

Building Owner's Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Office Phone: _____ Alternate Phone: _____

Email Address: _____ Fax: _____

Additional Locations? Yes No *If yes, please provide an Eligibility Form for each location.*

Current Property Insurer: _____ Expiration Date: _____

Has your insurance been cancelled or non-renewed in the last 3 years? Yes No

Occupant Status: Building Owner Tenant Condo Other (specify): _____

Building Construction Material:

Frame	Joisted Masonry	Masonry Non-Combustible
Non-Combustible	Fire Resistive	

Year Built: _____ # of Units: _____ Bldg Sq. Ft.: _____ Your Office Sq. Ft.: _____ # of Floors: _____

If the building is over 25 years old, please advise when the following was last updated:

Roof: _____ Electric: _____ Plumbing: _____ Heating: _____

Alarm and Protection Systems:

Fire Sprinkler:	None	Local	Central Station
Smoke:	None	Local	Central Station
Burglar:	None	Local	Central Station

Desired Contents Limits: \$ _____ Desired Property Limits: \$ _____

Claims History: Please provide currently valued loss runs for the past five years.

Please allow 7-10 business days for processing. Coverage is subject to full property application and underwriting approval.

Professional Services Plans
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