

Commercial Property Coverage

Property Section						
Insured Name:				Insured State:		
Location Number:		Address:				
Construction Type	Prot. Class	# Stories	Year Built	Area Occupied	Area Occupied as Employment Agency	Other Occupancies
Burglar Alarm Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Central <input type="checkbox"/> Local <input type="checkbox"/>		Dead Bolts? Yes <input type="checkbox"/> No <input type="checkbox"/>		Fire Protection (Sprinkler) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Central <input type="checkbox"/>		
Building Improvements (Complete if building is over 40 years old) Wiring- Year Completed: _____ Plumbing- Year Complete: _____ Heating- Year Completed: _____ Roofing- Year Completed: _____ Other: _____ Year Completed: _____				(Coastal Properties), 100 miles Distance from water: _____		
Property Coverages						
	Desired Limits	Deductible	Co-Ins %	Form	Blanket	
Building	\$ _____	\$ _____			N/A	
Office Contents Incl. Tenant Improvements (Business Personal Property)	\$ _____	\$ _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Property of Others (CCC Coverage- Optional)	\$ _____	\$ _____			N/A	
Business Income and Extra Expense	\$ _____	\$ _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inland Marine Coverages						
Valuable Papers	\$ _____	\$ _____			N/A	
Accounts Receivable	\$ _____	\$ _____			N/A	
Computer Hardware	\$ _____	\$ _____			N/A	
Computer Software/Media	\$ _____	\$ _____			N/A	
Computer Extra Expense Computer Business Interruption	\$ _____	\$ _____			N/A	
Computer Power Outage	\$ _____	\$ _____			N/A	
Computer Transit	\$ _____	\$ _____			N/A	
Additional Coverages						
Fine Arts Floater	\$ _____	\$ _____			N/A	
Glass Coverage Interior:	\$ _____ \$ _____	\$ _____			N/A	
Exterior:						
Sign Coverage	\$ _____	\$ _____			N/A	
Loss Payee (Name and Address):						
Mortgages (Name and Address):						

Signature

Date