



**BUSINESSOWNERS SUPPLEMENTAL APPLICATION**

(Include Acord Applications - Please use AGA contractor supplemental for all contracting operations)

Named Insured: \_\_\_\_\_ Business Type: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

FEIN or SSN (if individual): \_\_\_\_\_ Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_ Employee Payroll: \_\_\_\_\_ Subcontractor Costs: \_\_\_\_\_

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

Is the risk within 1000 ft of a fire hydrant or other approved water source?     YES     NO

Distance to fire station: \_\_\_\_\_ Number of consecutive years at this location: \_\_\_\_\_

Occupancy type: \_\_\_\_\_

Building type: \_\_\_\_\_ Building industry: \_\_\_\_\_

Sole occupant?    YES    NO   If no, other occupancies: \_\_\_\_\_

Construction type: \_\_\_\_\_ Annual Gross Rental Receipts (if any): \_\_\_\_\_

Year built:		Number of stories:	
Year of wiring update:		Roof type:	
Year of roofing update:		Total building area:	
Year of plumbing update:		Total area occ by insured:	
Year of heating update:		Open 24 hours/day?	<input type="radio"/> YES <input type="radio"/> NO

<input type="checkbox"/>	Automatic sprinkler system (100% of building)	<input type="checkbox"/>	Central station burglar alarm
<input type="checkbox"/>	Central station fire alarm	<input type="checkbox"/>	Security guards
<input type="checkbox"/>	Private fire dept protection service contract	<input type="checkbox"/>	Security cameras
<input type="checkbox"/>	Ansul system over all cooking equipment	<input type="checkbox"/>	Security service making off-hours hourly rounds

Is the building undergoing, or planning to be undergoing, any structural renovations?     YES     NO

Is applicant involved in manufacturing, mixing, relabeling, or repackaging products?     YES     NO

Does the building include apartments? If so, how many units: \_\_\_\_\_     YES     NO

Building coverage		Business personal property coverage	
Limit:		Limit:	
Valuation:		Valuation:	
Inflation guard %:		Seasonal increase %:	

Are any optional limits needed? (outdoor signs, money and securities, water backup, etc)  YES  NO

Please describe: \_\_\_\_\_

During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?  YES  NO

Has the prospect had a foreclosure, repossession, bankruptcy, judgment or tax lien, business failure or any litigation during the past five (5) years?  YES  NO

Have there been any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?  YES  NO

Has the prospect had any losses in the past 4 years (current policy and prior 3 years)?  YES  NO

Has any policy or coverage been cancelled or non-renewed during the prior three (3) years for other than non-payment of premium?  YES  NO

Other pertinent details regarding your risk that have not been previously addressed:

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date