



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
 Ten Granite Street Suite 2
 Quincy, MA 02169
 617. 471.7171 Fax: 617.471.7180
 www.xsbrokers.com

Commercial Fire Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

5. Previous carrier and loss information (last three years):

Year	Company	Policy #	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss
Any other insurance with this company or being sub- mitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? (Not applicable in Missouri)		

All questions on this page and the following page must be answered for each premises.

6. Premises information:

Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk: 1. _____ % 2. _____ %			

7. Building originally built for insured's occupancy?

Yes No

8. Building totally converted for insured's occupancy?

Yes No

9. Construction type: _____

10. Protection class: _____

11. Number of stories: _____

Year built: _____

12. Total square foot area: _____

Number of units: _____

13. Sprinklered? Yes No

14. Burglar alarm type: Local Central Station

15. Fire alarm type: Local Central Station

16. Operable smoke detectors? Yes No

How many? _____

17. Operable tagged fire extinguishers? Yes No

How many? _____

18. Fire hydrants and standpipes clearly marked and accessible? Yes No

19. Fire divisions:

Fire walls? Yes No

Fire doors? Yes No

Parapets? Yes No

20. Emergency phone numbers posted? Yes No

21. Evacuation plans posted? Yes No

Number of times practiced per year: _____

22. Formal employee safety training:

On the job? Yes No

On the job with outside courses? Yes No

23. Smoking rules:

No smoking signs posted and visible? Yes No

No smoking allowed on site? Yes No

24. Housekeeping (clear of debris, disposal of waste, and proper storage of supplies):

Superior Adequate Inadequate

25. Accessibility:

Private parking lot? Yes No

Marked fire lane? Yes No

Street parking only? Yes No

26. Snow and ice removal on street/roads:

Independent contractor City/county Insured

27. Building location:

Free standing Attached

Attached to restaurant

28. Building remodeling (include year):

Wiring? Yes No Year: _____
Heating? Yes No Year: _____
Plumbing? Yes No Year: _____
Roof? Yes No Year: _____

29. Age of equipment:

0-5 years 5-10 years 10 + years

30. Ventilation/air conditioning system? Yes No

With cleaning contract? Yes No

31. Hazardous materials:

Areas posted? Yes No
Stored off-site? Yes No

Stored on-site? Yes No

Stored in UL approved cabinets? Yes No

Daily clean-up? Yes No

Contracted clean-up service? Yes No

32. Employee selection and training:

Signed work application required? Yes No

Aptitude test given? Yes No

Employee background check? Yes No

Formal on-the-job training? Yes No

Formal outside classes? Yes No

Permanent on-site supervision? Yes No

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:

As a part of our underwriting procedure, a routine inquiry may be made which provides applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information to the nature and scope of the report, if one is made, will be provided.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S SIGNATURE: _____ Date: _____

PRODUCER'S SIGNATURE: _____ Date: _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents Only.)