



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

## Fire Application

Applicant's Name: \_\_\_\_\_

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

Proposed Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Location of Risk: \_\_\_\_\_ Zip Code \_\_\_\_\_

N B. Prot. Class: \_\_\_\_\_ No. Yrs. in business: \_\_\_\_\_

Occupancy (List all occupants in building): \_\_\_\_\_

Age of bldg.: \_\_\_\_\_ Const.: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of families if apts. \_\_\_\_\_ Roof: \_\_\_\_\_

Give total of building and amount insured occupies: \_\_\_\_\_

Sprinklered:  Yes  No Square footage: \_\_\_\_\_

Describe condition of building: \_\_\_\_\_

Perils required:  Fire  ECE  V&MM  Other: \_\_\_\_\_  Other: \_\_\_\_\_

Exposure	Total Line	Amount Requested	Coin. %	Rate	Premium
Bldg.					
Conts.					
Bus. Int.:					
Other					

Deductible: \$ \_\_\_\_\_

Mortgage or Loss Payee: \_\_\_\_\_

**Previous Carrier and Loss Record (last 3 years):**

Name of Company	Date of Loss	Nature of Loss	Amount Paid or Reserve
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agent: \_\_\_\_\_  
\_\_\_\_\_

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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

————— IMPORTANT NOTICE —————

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