

# DFCORBY INSURANCE SERVICES

“Partnering Success With Our Clients”

P.O. BOX 6297 FULLERTON, CA 92834-6297

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CA License: 0D94572

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

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

Location of Risk: \_\_\_\_\_

Type of Risk/Occupancy: \_\_\_\_\_

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Years in Business: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify)

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damages To Premises Rented To You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
Deductible	\$

Additional Insured (include Name/Address): \_\_\_\_\_

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: \_\_\_\_\_

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary): \_\_\_\_\_

Interest of applicant in such premises  Owner  General Lessee  Tenant

Part Occupied by the applicant:  Entire  Portion  None

Does applicant have a parking lot? \_\_\_\_\_ If so, state area \_\_\_\_\_

If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_

Indicate type of surface:  Gravel  Black Top  Concrete

Is the lot lighted? \_\_\_\_\_

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? \_\_\_\_\_  
If so, type and quantity stored \_\_\_\_\_

Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived there from: \_\_\_\_\_

Does the applicant subcontract work? \_\_\_\_\_ If so, state type \_\_\_\_\_

Are Certificates of Insurance required from all subcontractors? \_\_\_\_\_

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? \_\_\_\_\_ If so, explain \_\_\_\_\_

**SCHEDULE OF HAZARDS**

LOC NO.	Classification	Class Code	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.

**Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

**APPLICANT'S STATEMENT**

I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof.

Applicant's Signature \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Date \_\_\_\_\_