

# 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: \_\_\_\_\_

## PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$			\$
Business Income #1	\$			\$
Building #2	\$			\$
Business Personal Property #2	\$			\$
Business Income #2	\$			\$
Other	\$			\$

PERILS: Basic  Broad  Special **Excluding** Theft  Special **Including** Theft (Central Station Alarm Required)

Central Station Burglar Alarm:  Yes  No

WIND DEDUCTIBLE: \$ \_\_\_\_\_ THEFT SUBLIMIT: \$ \_\_\_\_\_

CRIME:\$ \_\_\_\_\_ FOOD SPOILAGE: \$ \_\_\_\_\_

Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_ No. Stories: \_\_\_\_\_ Protective Devices: \_\_\_\_\_

Building Updates (include year): Wiring? \_\_\_\_\_ Heating? \_\_\_\_\_ Plumbing? \_\_\_\_\_ Roof? \_\_\_\_\_

Fire Alarm:  Yes  No If yes, type: \_\_\_\_\_ Sprinklered:  Yes  No

Cooking on premises:  Yes  No If yes, please answer the following: Ansul System:  Yes  No

Service agreement in place:  Yes  No

Mortgagee or Loss Payee: \_\_\_\_\_

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

If so, explain \_\_\_\_\_

**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 \_\_\_\_\_