

DFCORBY INSURANCE SERVICES

“Partnering Success With Our Clients”

P.O. BOX 6297 FULLERTON, CA 92834-6297
Telephone: 714-992-4448 Fax: 714-459-7052 E-mail: denn@dfcorby.com
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 CRIME: \$ _____

WIND DEDUCTIBLE: \$ _____ THEFT SUBLIMIT: \$ _____

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

Mortgagee or Loss Payee: _____

GENERAL LIABILITY SECTION

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

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage 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, ammunion, 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	Terr.
			s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	

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 _____