





**Current Insurance Coverages:**

	Insurance Company	Limit	Deductible	Premium
Commercial General Liability:				
Auto Liability:				
Property – All Risk:				
Property – DIC:				

Non-Habitational: Number of tenants \_\_\_\_\_

Tenants Operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*If over ten please attach a separate sheet.*

**Comments/Explanations:**

\_\_\_\_\_  
 \_\_\_\_\_

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Note: To sign use pencil tool. If your version of Adobe Acrobat doesn't have a pencil tool, please print and fax to 323.982.1517.

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_



**Additional Insured Information:**

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Nature of Interest:</b>	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Nature of Interest:</b>	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Nature of Interest:</b>	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Nature of Interest:</b>	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

<b>Internal Use Only</b>		
Enrolled Program		
Repl. Cost/Sq. ft.	Rental %	Annual Premium
PI Rate:	Occurrence Ded:	Member Fee:
GL Rate:	Sub-Limit:	Loss Control Fee:
XS GL Rate:	R-O Premium:	TCM Fee: