



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

**BUSINESSOWNER APPLICATION**

All questions must be answered and application must be signed by applicant.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

D/B/A: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Sole Proprietorship       Partnership       Corporation       Other

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

Location Address: \_\_\_\_\_ Zip \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

Mortgagee: \_\_\_\_\_ Zip \_\_\_\_\_

Loss Payable: \_\_\_\_\_ Interest: \_\_\_\_\_

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

Business of Applicant: \_\_\_\_\_ Insp Contact Name & # \_\_\_\_\_

Years Management Experience \_\_\_\_\_ Age of Building \_\_\_\_\_ # of Stories \_\_\_\_\_

Hours of operation? \_\_\_\_\_

Office Sq. Feet \_\_\_\_\_ Merc Sq. Feet \_\_\_\_\_ Total Sq. Feet \_\_\_\_\_

Description of mercantile occupancies \_\_\_\_\_

Area Occ. By insured \_\_\_\_\_ Sales / Receipts \_\_\_\_\_

Percent of property vacant \_\_\_\_\_ %

Electrical system checked by qualified electrician?  Yes  No If Yes, when? \_\_\_\_\_

Is the electrical system connected to circuit breakers?  Yes  No

Is the electrical system aluminum or knob and tube?  Yes  No

Heating system checked by a qualified contractor?  Yes  No If Yes, when? \_\_\_\_\_

If the roof is flat, has it been re-coated in the past 10 years?  Yes  No

Age of the roof? \_\_\_\_\_ Electrical Update? \_\_\_\_\_ Plumbing Update? \_\_\_\_\_ Heating Update? \_\_\_\_\_

Is the plumbing completely PVC or Copper?  Yes  No

Are storage areas and aisles clean and trash disposed of properly?  Yes  No

Is there evidence of water damage, broken windows, or breaks in pavements or floor? \_\_\_\_\_

Any "special" hazards (raised walks, street elevators, etc.)? \_\_\_\_\_

Is the property eligible according to our coastal guidelines?  Yes  No

Is the property seasonal?  Yes  No

Are there smoke detectors in each unit?  Yes  No

Are there smoke detectors in all common and mechanical equipment areas?  Yes  No

Any special protective devices, clothing, etc. in use?  Yes  No

Formal training program for new employees?  Yes  No

Any alarm system?  Yes  No  Central  Local

**LOSS HISTORY**

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Previous Carrier	_____	Premium \$	_____	_____
Building Exposures	North	South	East	West
Occupancy	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Construction	_____	_____	_____	_____
Deductible	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
Liability	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Other
Class Code	_____	_____	Protection Class	_____
Construction	_____	<input type="checkbox"/> Actual Cash Value	_____	<input type="checkbox"/> Replacement Cost
Building Limit	\$ _____	Contents Limits \$ _____	Automatic Increase _____	% _____
Business Income Limit	\$ _____	_____	_____	_____

Cause of Loss  Named Perils  All Risk  
Burglar Alarm  Local  Central Station (attach copy for Alarm Credit)  24 hr watchmen  
Fire Alarm  Local  Central Station  Sprinkler System  
Building Inflation Guard  Yes  No  
If Yes:  2%  4%  6%

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date