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P.O. Box 455 Fort Collins, CO 80522

2010- 2011 BUSINESS PROPERTY INSURANCE APPLICATION

BUSINESS INFORMATION: (Print or Type \*List Additional Locations on a Separate Sheet)

Business Name: (DBA):
Owner's Name: Manager's Name:
Mailing Address: Physical Location:
City, State, Zip Code: City, State, Zip Code:
Business Hours: County:
Telephone #: Fax #:
E-mail:
Applicant is: Corporation Partnership Proprietorship LLC Other:
Association Business member Number: Years in Business:
If in business previously advise name address and dates:

BUILDING INFORMATION:

Age: Construction:
# of Stories: Total Square Footage: Occupied Square Footage:
Sprinkler System: Central Station Fire Alarm: Central Station Burglar Alarm:
Building is: Freestanding Strip Mall Business Complex Mobile Home Other:

CONTENTS INFORMATION: (Attach a separate sheet if necessary)

Total Business Property Contents Value \$
Computer Description: Serial #:
Software:
Compressor Description: Make/Model: Age:

PREVIOUS INSURANCE CARRIER INFORMATION:

Previous Carrier: Previous Agent:
1. YES NO Have any property loss claims been made during the past five years by the store?
IF YES, a written statement must accompany application for each claim.
2. YES NO Do you have local policies? Please indicate below
Auto Contents Building Wind Coverage Other Business Operations

LOSS PAYEES: (Legal Name, i.e., Inc. or LTD, Complete Mailing Address, Interest, and Amount REQUIRED)

Name: Address: City, State, ZIP: Interest: Amount: \$
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