



**TARGET INSURANCE SERVICES®**

*Programs for Particular People*

10 Tower Lane  
Avon, CT 06001  
Toll-free: 1-888-888-1613  
Fax: 860-679-9391

**Underwriters:**  
Isabel Pizzoferrato, Ext. x290  
Pat Dill, Ext. 357

**PACKAGE POLICY APPLICATION**

1. Legal Name of Applicant \_\_\_\_\_

2. Type of Business \_\_\_\_\_

3. Street Address \_\_\_\_\_

4. City, State, Zip and County \_\_\_\_\_

If location is within five miles of the coastline, contact Target before proceeding.

5. Number of Years at Address \_\_\_\_\_

6. Business Phone Number \_\_\_\_\_

7. Number of Years in Business \_\_\_\_\_

If less than 3 years, indicate how many years of experience in this field \_\_\_\_\_

8. Legal Entity      \_\_\_Individual    \_\_\_Partnership    \_\_\_Corporation    \_\_\_Joint Venture    \_\_\_ Association  
                         \_\_\_Non Profit    \_\_\_Limited Liability Corporation    \_\_\_Condo Owner    \_\_\_Other

9. Coverage Requested    \_\_\_Package Coverage    \_\_\_Hired & Non-Owned or Owned Auto    \_\_\_Workers Compensation

10. Coverage Effective Date Requested \_\_\_\_\_

11. Number of Property and Liability Losses in the prior 3 policy years and the current year-to-date \_\_\_\_\_  
(If losses are noted, we will eventually need Loss Runs for the past three years from the insurance carrier.)

12. Please list additional locations, if any.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Protection Class of each location    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_

14. Property Deductible Requested    \_\_\_\$250    \_\_\_\$500    \_\_\_\$750    \_\_\_\$1000    \_\_\_\$2500    \_\_\_\$5000

15. Building/Contents Valuation    Replacement Cost\*    \_\_\_    Actual Cash Value\*\*    \_\_\_    Full Value Replacement\*\*\*    \_\_\_

16. Building Value \$ \_\_\_\_\_ Business Personnel Property Coverage Requested: \$ \_\_\_\_\_

17. Please provide the following information for each location

Construction Class:  Frame  Joisted Masonry  Non Combustible  Masonry-NC  Fire Resistive  
 Veneer  Masonry NC with Wind Resistive Roof.

Year Built: \_\_\_\_\_ If the building is over 25 years old, when was update completed for the following:  
 Roof  Plumbing  Electrical  Heating  Wiring

Area (square footage of occupied premise) \_\_\_\_\_

# of Stories: \_\_\_\_\_ Building Occupancy \_\_\_\_\_ Sprinklered: Yes or No

18. Money and Securities – Check desired Inside/Outside limits:

\$10,000/\$5,000  \$10,000/\$10,000  \$20,000/\$10,000  \$30,000/\$15,000  
 \$40,000/\$20,000  \$50,000/\$25,000  \$100,000/\$150,000

19. Valuable Papers – Check desired limit:

\$1,000  \$15,000  \$25,000  \$50,000  \$100,000  \$150,000  \$200,000  \$250,000  Other

Identify measures in place to protect Valuable Papers (select all that apply):

Back-up copies stored off site

Items stored in fireproof safe on insured's premises

None  Other (if other is selected, please describe other measures in place.

20. Accounts Receivable -- Check desired limit

\$1,000  \$15,000  \$25,000  \$50,000  \$100,000  \$150,000  \$200,000  \$250,000  Other

Identify measures in place to protect Accounts Receivable (select all that apply):

Back-up copies stored off site

Items stored in fireproof safe on insured's premises

None  Other (if other is selected, please describe other measures in place:

21. Total Annual Sales (total of all locations)

22. Business Liability Limit: (Circle limit requested) \$300,000 \$500,000 \$1,000,000 \$2,000,000

23. Fire Legal Limit: (Circle limit) requested \$300,000 \$500,000 \$1,000,000

24. Optional coverage, such as Umbrella, may be available: Please contact Target Insurance Services for details (Toll-free: 888-888-1613).

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading information any material facts commits a fraudulent insurance act, that is a crime and subjects such person to criminal and civil penalties.

Agent / Broker Name: \_\_\_\_\_

Agent / Broker Phone: \_\_\_\_\_

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

Signature & Title of Principal (owner, partner or officer): \_\_\_\_\_

Print Name of Signer (Above): \_\_\_\_\_

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