

35 Tower Lane  
Avon, CT 06001  
888-888-1613

### PACKAGE POLICY APPLICATION

1. Firm Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. County: \_\_\_\_\_

4. Number of Years at Address: \_\_\_\_\_

5. Distance from coastal waters, inlets or bays? \_\_\_\_\_ miles

6. Number of Years in Business: \_\_\_\_\_  
Number of Years Applicant has been in Management: \_\_\_\_\_

7. Hours of Operation: Days of Week \_\_\_\_\_ Hours \_\_\_\_\_

8. Franchise Operation?  Yes  No

9. Legal Entity:  Individual  Partnership  Corporation  Other (Describe below)  
\_\_\_\_\_

10. Non-profit Organization?  Yes  No

11. Professional Liability Policy: Carrier \_\_\_\_\_  
Policy Expiration Date \_\_\_\_\_  
Policy Limits \_\_\_\_\_

12. Does the Applicant Carry Employment Practices Liability Insurance?  Yes  No

13 Does the Applicant Carry Workers Comp Insurance?  Yes  No  
If Yes: Total Payroll \_\_\_\_\_  
Policy Expiration Date \_\_\_\_\_

14. Current GL / Property Policy Carrier \_\_\_\_\_  
Standard or Non-Standard  Standard  Non-Standard  
Premium Amount \_\_\_\_\_  
Policy Expiration Date \_\_\_\_\_  
Policy Limits \_\_\_\_\_  
Deductible \_\_\_\_\_

15: Proposed Effective Date of New Policy? \_\_\_\_\_

16. Please List: Mortgagees \_\_\_\_\_  
Loss Payables \_\_\_\_\_  
Add. Insured Lessors \_\_\_\_\_

17. Insurable Interest:  Owner  Occupant  Tenant  Lessor's Risk

18. If the Applicant Owns the Building, please provide:

Total Square Footage \_\_\_\_\_  
Building Value \_\_\_\_\_  
Is this a Condo Unit \_\_\_ Yes \_\_\_ No

19. Does the Applicant conduct other business at this location? \_\_\_ Yes \_\_\_ No

If Yes, please explain: \_\_\_\_\_

20. If the Applicant is a Tenant in the Office Building, Square Footage Occupied: \_\_\_\_\_

21. Is Applicant the Sole Occupant of the Building? \_\_\_ Yes \_\_\_ No

If No, describe other occupants: \_\_\_\_\_

22. Is the Building in an Enclosed Shopping Mall? \_\_\_ Yes \_\_\_ No

23. Is the Building Vacant More than 60 days / year? \_\_\_ Yes \_\_\_ No

24. Building Protection Class? \_\_\_\_\_

25. Distance to Fire Hydrant? \_\_\_\_\_ Feet Distance to Fire Department \_\_\_\_\_ Miles

26. Type of Fire Alarm \_\_\_ None \_\_\_ Local \_\_\_ Central Station

Name of Alarm Company \_\_\_\_\_

27. Type of Burglar Alarm \_\_\_ None \_\_\_ Local \_\_\_ Central Station

28. Other than Apartments, do any buildings contain Habitational units? \_\_\_ Yes \_\_\_ No

29. Any restaurant or cooking operations in the building? \_\_\_ Yes \_\_\_ No

-If Yes, is there an ansul system? \_\_\_ Yes \_\_\_ No

-Does the restaurant or cooking operation occupy less than 10,000 sq.feet? \_\_\_ Yes \_\_\_ No

-Does the restaurant or cooking operation occupy less than 25% of the building? \_\_\_ Yes \_\_\_ No

30. Does the Applicant rent or lease to others any mechanical or construction equipment? \_\_\_ Yes \_\_\_ No

31. Office Building:

Year Built \_\_\_\_\_  
Construction \_\_\_ Frame \_\_\_ Joisted Masonry \_\_\_ Non-Combustible Masonry  
\_\_\_ Non-Combustible \_\_\_ Fire Resistive

Construction Quality \_\_\_ Economy / Average \_\_\_ Superior

Building Condition \_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_ Very Poor

Number of Stories \_\_\_\_\_ (Excluding Basement)

Number of Fireplaces \_\_\_\_\_ (Working Fireplaces)

Sprinkler System \_\_\_ Yes \_\_\_ No (If Yes, What Percentage of Building? \_\_\_%)

Central Air \_\_\_ Yes \_\_\_ No

Security Provided \_\_\_ Yes \_\_\_ No (If Yes, please describe: \_\_\_\_\_)

32. If the building is more than 25 years old, in what years were the following updates completed?

\_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating

33. Is the Applicant in full compliance with all life and safety requirements and applicable building ordinances and laws?

\_\_\_ Yes \_\_\_ No If No, please explain \_\_\_\_\_

34. Personal Property Value: \$ \_\_\_\_\_

35. In the past three years: Any losses? \_\_\_ Yes \_\_\_ No

Please describe losses over \$5,000 \_\_\_\_\_

\_\_\_?Cancelled / Non-renewed Coverage \_\_\_?Declined Coverage \_\_\_?Residual Market

If checked, please explain \_\_\_\_\_

36. In the past five years: \_\_\_?Bankruptcies \_\_\_?Tax /Credit Liens \_\_\_?Arson Convictions

\_\_\_?Other Crime Convictions

If checked, please explain \_\_\_\_\_

37. Has the Applicant ever been fined by any federal, state or local government agency or other entity in relation to any past or current business operations? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

QUESTIONS 38 – 40, For Law Firms Only

- 38. Number of Attorneys? \_\_\_\_\_ Number of Other Employees? \_\_\_\_\_
- 39. Partners Avg. Hourly Billing Rate? \_\_\_ <\$151 \_\_\_ \$151-\$200 \_\_\_ \$200 plus
- 40. What % of Billing Time Occurs Out of the Office? \_\_\_ %

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, which is a crime and subjects such person to criminal and civil penalties.

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

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

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

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