

Commercial Property Insurance Application Form

Applicant Information

Business Name

Contact Person

Email Address

Phone Number

Business Address

Property Details

Property Location

Year Built

Construction Type

Building Area (sq ft)

Number of Stories

Occupancy (Type of Business)

Coverage Requested

Building Limit (\$)

Business Personal Property Limit (\$)

Deductible (\$)

Coverage Type

Select 

Loss History

Describe any property losses in the past 5 years

Additional Information

Comments or special coverage requests