



Policy Number: _____
Effective Date: _____

Named Insured: _____

LOSS EXPERIENCE:

Year	Carrier & Policy Number	Number Of losses	Losses (Describe with amount paid and type)

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past three years? Yes No
 If yes, give name of company, date and reason: _____

Coverage _____ **Protection Class** _____

Item	Amount Of Insurance	Coins	Deductible	Address Of Property Covered
Building				
Business Personal Property				
Glass				
Fire Legal Liability				

- Mortgagee/Loss Payee (name and full address)

- Coverage Desired: Basic Broad Special Including Theft Excluding Theft
- Construction: Frame Joisted Masonry Non-Combustible
- Number of Stories _____ Area (Sq. Ft.) of Building _____ Year Built _____
- Age Of: Wiring _____ Plumbing _____ Heating _____ Roof _____
- Do you have a wood burning stove? Yes No
 If yes, is it installed according to manufacturer's specifications? Yes No
- Protection devices: Sprinklered Central Station Alarm (**Certificate Required**)
 Watchman Smoke Detector Other _____
- Is there any unrepaired damage to the building? Yes No
 If yes, explain _____
- Have there been any violations of fire, safety, health, building, construction, or other codes within the last three years or existing at the current time? Yes No
 Explain _____