

APPLICATION FOR COMMERCIAL LINES POLICY

Applicant _____ Date _____

Mailing address _____
Street _____

City _____ State _____ Zip _____

New Business Renewal Effective date: From _____ to _____

Type of Business: Individual Partnership Association Joint Venture Corporation Other

Type of Risk: Apartment Contractor Mercantile Office Service
Industrial & Processing Institutional Motel / Hotel

Insured's Operations: _____

Location Address: _____

Description # of Stories: _____

Construction: () Frame () Josted Masorry () Non-Combustible () Masorry Non-Combustible
() Modified Fire Resistive () Fire Resistive

Property Coverage Information

Coverage	Limit of Insurance + Coinsurance	Causes of Loss (Basic, Broad, Special, Eq)	Deductible (2% Windstorm; 5% EQ.)
<input type="radio"/> Building	_____	_____	_____
<input type="radio"/> Contents	_____	_____	_____
<input type="radio"/> Imp. & Bet.	_____	_____	_____
<input type="radio"/> Mortgage Holder +Address + Loan #	_____		
<input type="radio"/> Loss Payee + Address + Loan #	_____		

Optional Coverages

Replacement Cost Off Premises Agreed Value (must include Statement of Values)
 Inflation Guard % Other _____
 Peak Season From _____ to _____ Total Limit _____

Time Element

Coverage	Limit of Insurance + Coinsurance	Causes of Loss (Basic, Broad, Special, Eq)
<input type="radio"/> Business Income with Extra Expense	_____	_____
<input type="radio"/> Business Income w/out Extra Expense	_____	_____
<input type="radio"/> Other	_____	

Optional Coverages

Off Premises Agreed Value (must include form CP 1515)
 Other _____

Glass

Blanket Schedule (Include description)