

Note: If each "insured premises" has different operations (i.e. restaurant, retail, etc.) complete separate application for only those premises whose operations are different than described above.

Section 2.

Location Information

All address information needs to be included in detail. Please be sure to include exact suite information, etc.

Complete all information for each location that will be covered under the policy. This application can be used for up to 5 locations. For more than 5 locations, attach additional location data as required.

For premises where operations differ from those describe in Section 1. complete a separate application.

Location 1.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you applying for coverage as a:

Lessee?..... [] Yes [] No

Lessor? [] Yes [] No

Is your business the sole occupant at this street address? [] Yes [] No

Does your business occupy any other space at this location? [] Yes [] No

If Yes, describe. _____

Do you own this building? [] Yes [] No

Are you requesting coverage for any location other than Location 1.? [] Yes [] No

If Yes, you must complete Location 2. information.

Location 1. (required)

Location 1. Annual Revenue:	\$
Location 1. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 2.

Exact address including suite no.: _____
(Street) (County)

(City) (State) (Zip)

Total Square Footage: _____

Are you applying for coverage as a:

Lessee?..... [] Yes [] No

Lessor? [] Yes [] No

Is your business the sole occupant at this street address? [] Yes [] No

Does your business occupy any other space at this location? [] Yes [] No

If Yes, describe. _____

Do you own this building? [] Yes [] No

Are you requesting coverage for any location other than Location 1.and 2.? [] Yes [] No

If Yes, you must complete Location 3. information.

Location 2. (required)

Location 2. Annual Revenue:	\$
Location 2. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 3.

Exact address including suite no.: _____
 _____ (Street) _____ (County)
 _____ (City) _____ (State) _____ (Zip)

Total Square Footage: _____

Are you applying for coverage as a:

Lessee?..... [] Yes [] No
 Lessor? [] Yes [] No

Is your business the sole occupant at this street address? [] Yes [] No

Does your business occupy any other space at this location? [] Yes [] No

If Yes, describe. _____

Do you own this building? [] Yes [] No

Are you requesting coverage for any location other than Location 1., 2. and 3.? [] Yes [] No

If Yes, you must complete Location 4. information.

Location 3. (required)

Location 3. Annual Revenue:	\$
Location 3. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

Location 4.

Exact address including suite no.: _____
 _____ (Street) _____ (County)
 _____ (City) _____ (State) _____ (Zip)

Total Square Footage: _____

Are you applying for coverage as a:

Lessee?..... [] Yes [] No
 Lessor? [] Yes [] No

Is your business the sole occupant at this street address? [] Yes [] No

Does your business occupy any other space at this location? [] Yes [] No

If Yes, describe. _____

Do you own this building? [] Yes [] No

Are you requesting coverage for any location other than Location 1., 2., 3. and 4.? [] Yes [] No

If Yes, you must complete Location 5. information.

Location 4. (required)

Location 4. Annual Revenue:	\$
Location 4. Annual Rental Income:	\$
Location Payroll:	\$
Per Diem Limit: (increments of \$5000 up to maximum of \$50,000)	\$

