



Property Insurance Application

Exact Name of Applicant: _____
 Mailing Address of Applicant: _____
 City, State & Zip: _____ Contact Name/Phone #: _____
 Applicant's Business or Occupation: _____
 Submitted Date: _____ Effective Date: _____

Property Description & Coverage Schedule: (Must Be Completed)

	Location/Bldg.#1	Location/Bldg.#2	Location/Bldg#3	Location/Bldg#4
Building Value				
Your Business Personal Property				
Personal Property of Others				
Extra Expense				
EDP				
Misc. Tools				
Employee Tools				
Mobile Equipment				
Flood				
Fuel Tanks				
Premises Liability				
Commercial General Liability				
Misc. Coverage				
Misc. Coverage				
Misc. Coverage				
Misc. Coverage				
Area in Square Feet				
Building Construction				
Sprinklered: Yes or No				
Year Built				

Airport Name _____ Identifier _____
 Address of Building/Property _____
 Alarm System: _____ Airport Fenced: _____ Fire Department on Airport: _____
 Tower: _____ Hours _____
 Repair, Service Work or Painting done in Hangar: _____ If Yes Describe: _____
 Occupancy (Type of Contents kept in Building) _____
 If Coverage Includes Fuel Tanks:
 Name / Address of Mortgagee / Loss Payee / Additional Insured: (please circle which applies, & give description of what it applies to)

Prior Insurance
 Policy Term: _____ Name of Company: _____ Policy Number: _____ Premium: _____

Loss Detail:

Agent's Comment & Recommendations:

Signature of Applicant: _____ Date _____