



PROPERTY & CASUALTY (P&C) INSURANCE APPLICATION

To obtain an insurance quotation, please answer all questions completely and return to your local Avalon office or fax to 847-700-8119 or e-mail to marketing@avalonrisk.com. If a question does not apply to your business, please mark N/A (don't leave blank). Where applicable, please complete an application for each covered location. To bind coverage, Acord and State Selector forms may need to be signed as required by state laws.

* Indicates the question MUST be filled out to obtain a quote.

GENERAL INFORMATION SECTION

Full Legal Name of Insured and D.B.A.*:			
Other Company Names or attach list*:			
Description of Business and Ownership (fully describe)*:			
Corporate Location Address*:			
Contact Name and Title*:		Phone Number*:	
Web site and Email Address*:			
Federal Employer ID# or SS#*:		Total # of Employees Full Time/Part Time:	FT/ PT
# of years in business*:		Years of Industry Management Experience:	
Corporate Status*:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC		Date of Incorporation:
Sales, Warehouse and Truck Receipts*:	Gross Receipts: \$	Warehouse: \$	Truck: \$
OTI, MC and DOT license numbers:	OTI:	MC:	DOT:
Coverage requested*:	<input type="checkbox"/> General Liability <input type="checkbox"/> Property <input type="checkbox"/> Auto <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Umbrella		
Additional coverage requested*:	<input type="checkbox"/> EDP <input type="checkbox"/> BI/EE <input type="checkbox"/> Crime <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake		Proposed effective date*:
General Questions		Please explain all answers below:	
Are you currently active in any joint ventures?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any exposure to hazardous materials or chemicals? If yes, what %	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any exposure to flammables or explosives? If yes, what %	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any packing, crating or pick and pack operations?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any consolidating or deconsolidating operations?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any rigging or bracing on ships or docks?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any messenger or local delivery services?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you operate or lease a container yard?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you offer project forwarding or chartering services?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you lease your premises to others?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do your employees conduct any work off-site?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do any employees predominately work at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you lease any employees? If yes, please provide lease company name?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do employees travel outside the state or country? If yes, where?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you transact business on your website?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you engage in any other type of business? If yes, explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you a subsidiary of another organization? If yes, provide list.	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you obtain certificates of insurance from all subcontractors?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you listed as additional insured with same policy limits?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have a formal Safety Program and/or Safety Meetings?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Any uncorrected fire code violations or prior arson charges?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has coverage ever been cancelled, declined or non-renewed?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you carry cargo legal and professional liability coverage?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you carry D&O, Fiduciary and EPLI coverages?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are employee benefits and 401K programs offered?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you the owner/tenant of this location?	<input type="checkbox"/> No <input type="checkbox"/> Yes		



PROPERTY SECTION

If more than one location, please complete this page for EACH location or attach Exposure Spreadsheet.

Location Address:					
Is this location an owned condominium?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, bylaws will need to be reviewed)</i>			
Property Coverage	Property Limit	Cause of Loss	Valuation	Coinsurance %	Deductible
Building (owned locations):	\$				\$
Contents (equipment):	\$				\$
EDP (computers, software):*	\$				\$
Mobile Equipment (forklifts):	\$				\$
Property of Others (bailee):	\$				\$
Business Income:*	\$				\$
Extra Expense:*	\$				\$
Crime:*	\$				\$
Other _____:	\$				\$

**For Inland Marine EDP coverage, please complete separate EDP Acord Application. For BI and EE quotations, please complete attached Business Income and Extra Expense Worksheets. For Crime, please complete attached Crime Application.*

PROPERTY QUESTIONS

Please complete this information for EACH location or attach Exposure Spreadsheet.

*** Indicates the question MUST be filled out to obtain a quote.**

Do you want coverage for your liability for damage to premises rented to you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the owner/tenant of this location*?			
Name and Address of Landlord*:			
Name and Address of Mortgagee*:			
Any other Additional Insureds?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide list or copies of certificates of insurance)</i>	
What is to the right of building?		What is to the left of building?	
What is in front of building?		What is behind the building?	
Is premises 100 percent sprinklered*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Office Square Footage:			
Square footage of the entire building*:		% of building occupied by client*:	
Other occupancies in the building*:			
Building Construction/Protection Class*:		Building Age/Year Built*:	
If building is older than 20 years, list year of last update to*:		Roof:	Electrical:
Is there a basement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a warehouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many floors/stories*?			
If building is older than 20 years, list year of last update to*:		Roof:	Electrical:
Is there a central fire alarm*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a central burglar alarm*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Warehouse Payroll & Details:		Annual Warehouse Payroll: \$	
Are there any security guards?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any security cameras?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide long term storage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the only warehouse tenant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	



COMMERCIAL GENERAL LIABILITY

Please specify your General Liability coverage and limits.

COVERAGE	POLICY LIMIT PER OCCURRENCE
General Aggregate:	\$
Each Occurrence:	\$
Personal & Advertising Injury:	\$
Products and Completed Operations:	\$
Fire Damage (per any one fire):	\$
Medical Expense (per any one person):	\$
Employee Benefits Liability:	\$

EXCESS LIABILITY/UMBRELLA

Please select coverage and limits.

Coverage:	<input type="checkbox"/> Excess <input type="checkbox"/> Umbrella
Excess/Umbrella Policy Limit	\$
Retention:	\$ (If none, state "none")

WORKERS COMPENSATION

Please indicate **ALL** states in which you currently have employees and include all employees who work from home.
If more than one location, please break details down by state and class or attach Exposure Spreadsheet.

W/C CLASS CODE	PAYROLL	STATE	# OF EMPLOYEES	EXP MOD	DESIRED W/C LIMITS
	\$				Each Accident - \$
	\$				Each Disease - \$
	\$				Each Employee - \$
	\$				Stop Gap - \$
	\$				
	\$				
	\$				
	\$				

OWNER/PARTNER/PRINCIPAL INFORMATION

Name/Title:	Name/Title:
Date of Birth:	Date of Birth:
Number of Principals/Owners:	Include owners for worker's compensation (Subject to State Minimum/Maximum reportable remuneration)? <input type="checkbox"/> Yes <input type="checkbox"/> No



COMMERCIAL AUTO

Please specify commercial auto coverage, policy limits, and deductibles

COVERAGES	POLICY LIMITS/OCCURRENCE	DEDUCTIBLE
Combined Single Limit	\$	\$ If no deductible, state "none"
Comprehensive:	Based on ACV	\$
Collision:	Based on ACV	\$
Medical Payments:	\$	N/A
Personal Injury Protection (PIP)	\$	N/A
Uninsured/Underinsured Motorist:	\$	N/A
Hired/Non-Owned Liability:	\$	N/A
Hired Physical Damage:	\$	\$
Rental Reimbursement:	\$	\$
Towing:	\$	\$

Do you subcontract trucking operations? Yes No If yes, what is cost for hire? _____

Do you or your employees rent vehicles for business? Yes No If yes, how many rentals per year? _____

If yes, do you want your policy to provide Liability coverage for autos rented by employees while conducting your business? Yes No

Do you want a quote for Hired Auto Physical Damage coverage? Yes No

Do you or your employees rent vehicles outside the country? Yes No If yes, how many rentals per year? _____

Do employees drive their vehicles for business use? Yes No If yes, how many employees? _____

If yes, would you want your policy to provide them with coverage while acting for your business? Yes No

COMMERCIAL VEHICLES

Please provide list of vehicles to be scheduled in your policy or attach Exposure Spreadsheet.

VEHICLE Year, Make, Model	VIN NUMBER Vehicle Identification#	GARAGED City, State, Zip	Radius of Operation	Actual Cash Value (ACV)
				\$
				\$
				\$
				\$
				\$
				\$
				\$

DRIVERS

Please provide list of drivers to be scheduled in your policy or attach Exposure Spreadsheet.

DRIVERS – Name	DL License Number	CDL	Date of Birth	Years of Driving Experience	# of Tickets/Accidents
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Are any of the above vehicles driven for personal use? Yes* No

*If yes, please attach corporate policy about the use of company cars for personal use

*If vehicles are used for personal use, insurance company may choose not to provide coverage for certain vehicles and/or drivers.

Certain Insurance Companies provide coverage for "Scheduled Autos" only. Agent should complete Acord Coverage Selector Form.



PRIOR CARRIER INFORMATION*:

Year	Insurer	Effective Date	Package Premium	Property & GL Losses	Auto Premium	Auto Losses	W/C Premium	W/C Losses	Umbrella Premium
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$

** Please attach 3 year premium and loss run (5 for Umbrella) from prior insurer indicating # of losses, amount paid, and detail on claim. If no prior insurance coverage, please specify out of pocket dollar amount for any losses sustained in the space provided above. If none, please attach "no loss letter" on your corporate letterhead and signed by a corporate officer or executive. Your signature on this application warrants the loss information provided.*

SPECIAL REQUIREMENTS OR REMARKS

If there are any special lease or contract requirements, please specify below and/or attach copy of agreement since insurance coverage may not be provided without prior review by the insurance company. Examples would include lease agreements that require increased limits over your policy, waiver of subrogation rights, building coverage, hold/harmless agreements, and/or full contractual liability coverage. If you are unsure of any agreements, please contact Avalon for advice on the terms of insurance coverage.

APPLICANT DECLARATION & SIGNATURE

I/We hereby declare that the statements and particulars given on this application are true to the best of our knowledge and that we have not suppressed, withheld or modified any material facts. We agree that should a policy be issued, this form shall be the basis of the contract, and that any change in our property or the pattern of our trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Any person, who knowingly and with intent to defraud any insurance company or person, who files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties varying in degree by state.

I/We understand that no Insurance is in effect until Avalon receives a written request to bind coverage and down payment is acknowledged as received to put coverage in force. Please note, not all coverages are available in all states due to insurance laws and licensing.

Applicant Signature: _____

Print Name: _____

Title: _____ Dated: _____

Agent Signature: _____

Print Name: _____

Office: _____ Dated: _____



BUSINESS INCOME (BI) SUPPLEMENT

The figures below are obtained from your Income Statement(s) and will assist in determining your financial exposures. Complete a worksheet for each independent location. Interdependent locations should be treated as one location with a blanket BI limit. If you attach last year's financial statement and this year's pro-forma statements, Avalon can assist you with the correct BI calculation.

Insured Name:		
Insured Location:		
Business Income Calculation	For latest financial year	Projected for next financial year
Total Annual Sales/Gross Receipts:	\$	\$
Net Income or (Loss) from operations before taxes:	\$	\$
Total continuing normal operating expenses:	+ \$	\$
Total Annual Business Income:	= \$	\$
Extra Expense (from attached worksheet):	+ \$	\$
Total Annual Business Income and Extra Expense:	= \$	\$
Business Income Limit you desire:	\$	\$
Extra Expense Limit you desire:	\$	\$

Please specify the coinsurance limit you require?
 50% 60% 70% 80% 90% 100%
 Agreed Amount Blanket Limit Actual Loss (ALS)

Please specify the business income deductible you desire? 72 hours 24 hours 96 hours

Please specify the period of loss extension you require? 60 days 90 days 120 days
 150 days 180 days 360 days

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Applicant Signature: _____

Print Name: _____

Title: _____ **Dated:** _____

Agent Signature: _____

Print Name: _____

Office: _____ **Dated:** _____



EXTRA EXPENSE (EE) WORKSHEET

This worksheet is designed to help determine the extra expenses necessary to continue operations as your business recovers after a loss. If you have more than one location, take into consideration the largest exposure. If you do not have a Disaster Recovery Plan, Avalon's risk management services can assist you in planning one for a small additional charge.

Insured Name:			
Insured Location:			
		First Month	Subsequent Month
Moving Expenses to and from temporary location:	\$	\$	\$
Alterations at temporary location:	\$	\$	\$
Increased rental expense of temporary location:	\$	\$	\$
Rental of temporary equipment:	\$	\$	\$
Cost to purchase new equipment that will not be used at new location:	\$	\$	\$
Cost of work performed by others:	\$	\$	\$
Utilities for light, power, heat at temporary location:	\$	\$	\$
Expenses for special advertising for temporary location:	\$	\$	\$
Extra cost of labor (overtime, bonuses, additional employees for temporary help, etc.):	\$	\$	\$
Extra cost of having supplies delivered and/or extra cost of using new supplies:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Total Extra Expense Dollars:	\$	\$	\$

Have you had any catastrophic exposure in last 5 years? (i.e., windstorm, flood, etc.)? No Yes

Please specify your desired limitation on extra expense loss payment in first 3 months? 100%-100%-100%
 40%-80%-100%

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Applicant Signature: _____
Print Name: _____
Title: _____ **Dated:** _____

Agent Signature: _____
Print Name: _____
Office: _____ **Dated:** _____



CRIME COVERAGE SUPPLEMENT

The following coverage options are subject to availability by state. Please check all coverage options where you wish to obtain a quotation. Maximum limit may vary by insurance market and will be advised with your quotation.

- Employee Dishonesty – Covers property loss resulting from employee theft or dishonest acts
- Money & Security Coverage – Theft coverage for money and securities while on and off premises
- Forgery & Alteration – Coverage for forged or altered checks
- Robbery or Safe Burglary – Theft coverage for robbery or burglary of safes while on premise
- Computer Fraud – Covers property losses resulting from computer fraud
- Funds Transfer Fraud – Theft coverage for money or securities resulting from funds transfer fraud
- Money Orders & Counterfeit Paper Currency – Theft coverage for money orders and currency

Insured Name:			
Insured Location:			
Crime Questions	Answers	Crime Questions	Answers
Alarm Type, Manufacture and Description:		Maximum cash on premises daily?	
Date alarm was last inspected?		Maximum cash with messenger services?	
Is there a safe or vault on the premises?		Maximum money on premises overnight?	
What is construction of the safe?		Frequency of bank deposits?	
Does your entrance door have deadbolts?		Total Number of Employees	
What other protection on the premises?		Number of Employees signing checks?	
During the last 10 years has applicant been convicted of any crime? <i>If yes, explain:</i>		Number of Employees with access to money, books, payroll, inventory, etc.?	
Do you screen new employees?			

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Applicant Signature: _____

Print Name: _____

Title: _____ Dated: _____

Agent Signature: _____

Print Name: _____

Office: _____ Dated: _____