STATEWIDE

P. O. Box 30527
Phoenix, Arizona 85046
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PROPERTY APPLICATION

☐ Quote ☐ BIND ☐ Issue Quoted by:

Applicant:	Producer: Account No.
Address:	Address:
City, State, Zip:	City, State, Zip:
Business Telephone:	Telephone: Fax:
Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (explain)	
Applicant's Business:	
Location of Premises:	
Proposed Effective Date: _____ Proposed Expiration Date: _____ How Long in Business? _____	

Carrier	Coverage	Premium	Date and Amount of Losses	Cause and Description of Losses

Has any carrier canceled, declined, or refused any insurance during the past three years? ☐ Yes ☐ No If yes, explain in remarks.

Is there any other insurance on this property? ☐ Yes ☐ No | Any special hazards on this property? ☐ Yes ☐ No

SUBJECT OF INSURANCE	AMOUNT	COIN %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

CONSTRUCTION TYPE	PROT. CL.	# STORIES	#BASM'TS	YR BUILT	TTL AREA	OTHER OCCUPANCIES

BUILDING IMPROVEMENTS	WIRING YR:	ROOFING YR.	PLUMBING YR.	HEATING YR.	OTHER:

HEATING BOILER ON PREMISES? ☐ YES ☐ NO | IF YES, IS INSURANCE PLACED ELSEWHERE? ☐ YES ☐ NO

RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION | ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | #GUARDS//WATCHMEN | CLOCK HOURLY ☐ YES ☐ NO

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, Co2/Chemical Systems) | % SPRINKLERED | FIRE ALARM MFG. | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTERESTS

☐ LOSS PAYEE ☐ MTGE.	NAME AND ADDRESS	☐ CERTIFICATE ☐ POLICY	☐ LOSS PAYEE ☐ MTGE.	NAME AND ADDRESS	☐ CERTIFICATE ☐ POLICY

REMARKS:

APPLICANT UNDERSTANDS THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT AND COMPLETE MATERIAL REPRESENTATIONS TO THE COMPANY AND REQUESTS THE COMPANY TO ISSUE THE INSURANCE POLICY IN RELIANCE HEREON.

APPLICANT'S SIGNATURE | AGENT/BROKER SIGNATURE | DATE