

1. Name of Applicant (Partners or Officers, if applicable): _____
2. Address: _____

3. Location to be insured: _____
4. Is location sprinklered? _____ Wet or Dry System? _____
Manufacturer's name and when installed: _____

How often serviced? _____
Is the system equipped with a Sprinkler Alarm? _____ If so, describe: _____

What is contents S.L. rate with 80% or higher co-insurance?

5. Are watchmen employed? _____ How many? _____
Do they signal to Central Station? _____ If so, how often? _____
How many clock stations on premises? _____
How many pull-boxes for Central Station signals? _____
6. Describe premises:
Construction: _____
Year Built: _____ If recently remodeled, when? _____
Height (in stories): _____ Any basements? _____
Describe any exposure to flood damage in basements:

What is ground floor area? _____
What is total area of premises available for storage? _____
What is present condition and state of repair? _____
7. How long in business? _____
8. Give details of all previous losses that would be recoverable under this type of insurance:

9. Give percentage of goods or commodities stored :
Furniture: _____ Foods: _____ Acids: _____ Explosives: _____ Wet Commodities: _____

Goods particularly susceptible to damage by water or moisture:

Non-explosives and non-corrosive chemicals:

All other goods (describe briefly):

10. Values in Storage: Maximum: _____ Average: _____ Minimum: _____

11. What burglary or theft protection is provided? Describe:

12. Does location constitute more than one (1) fire-division in accordance with local fire inspection or rating bureau? _____

13. How many divisions? _____ Describe how separated (fire doors, etc.): _____

Percentage (%) of values in each: _____

14. What limit of indemnity is required? _____

15. What deductible is required? _____

16. What are the annual gross receipts (by year) for the last three (3) years?

Year 1: _____ Year 2: _____ Year 3: _____

17. What are the estimated gross receipts for the next twelve (12) months? _____

18. Has applicant filed bankruptcy, tax lien or gone into receivership in the past 5 years? ☐ Yes ☐ No

19. Effective date: _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____