



# Commercial Property Application

40 Stark Street | Manchester, NH | 03101 | Ph: 860-249-8066

## General Information:

Name of Policy's Insured:		
Mailing Address:		
Insured's Contact Person:	Phone:	Email:
Business or Occupation of the Insured:		Years in Business
Policy Effective Date:	Current Carrier	

## Property Description and Coverage Schedule:

	Location /Building #1	Location /Building #2	Location /Building #3	Location /Building #4
Building Description				
Location's Physical Address				
Building Value:				
<input type="checkbox"/>	Check BOX if this is a rented/leased property & you are NOT responsible for the Building's Property Coverage			
Area in Sq Feet				
Building Construction				
Sprinkler system				
Alarm System				
Year Built				

Your Business Personal Property	\$	\$	\$	\$
Personal Property of Others	\$	\$	\$	\$
Electronic Data	\$	\$	\$	\$
Your Business Tools	\$	\$	\$	\$
Your Employee's Tools	\$	\$	\$	\$

Other: Type & Value	\$	\$	\$	\$
Other: Type & Value	\$	\$	\$	\$

Mobile Equipment: Make & Model (inc Ser. No) & Value	\$	\$
Mobile Equipment: Make & Model (inc Ser. No) & Value	\$	\$

AvGas Fuel Tanks	<input type="checkbox"/>	Above Ground <input type="checkbox"/>	Underground	Total Gallons (Size)	<input type="checkbox"/>	Do you wish to Insure the value of the Fuel?
Jet A Fuel Tanks	<input type="checkbox"/>	Above Ground <input type="checkbox"/>	Underground	Total Gallons (Size)	<input type="checkbox"/>	Do you wish to Insure the value of the Fuel?

Domestic Property in Transit	Types of Items Shipped:	Max Value	\$	Average Value	\$	Typical form of Transport	Frequency
International Property in Transit	Types of Items Shipped:	Max Value	\$	Average Value	\$	Typical form of Transport	Frequency

Additional Info to Note:

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Do you wish to included these optional coverages in your quote?		Check if Yes			
Flood Limit included in your policy:	<input checked="" type="checkbox"/>	Is this property located in a Flood Zone?:	<input checked="" type="checkbox"/>	Do you wish to increase your Flood Coverages?	
Extra Expense limit included in your policy:	<input type="checkbox"/>	Do you wish to increase your Extra Expense Coverages?	<input type="checkbox"/>	What \$ limit would your operation need per month and total to pay the expenses ?	
Business Income Expense limit included in your policy:	<input type="checkbox"/>	Do you wish to increase your Business Income Coverages?	<input type="checkbox"/>	What \$ limit would your operation need per month and total to get back up and running ?	
Law & Ordinance included in your policy:	<input type="checkbox"/>	Do you wish to increase your Law & Ordinance Coverages?	<input type="checkbox"/>	What limit do you wish to have for Law & Ordinance	

**Airport Location of Property:**

Airport Name				ICAO Identifier	
Is the Airport Fenced		Is there Fire Dept on the Airport		Is there a Tower on Field	

Occupancy & Use of Hangars


**Certificates of Insurance: (Please provide a copy of all contracts and agreements)**

Lienholder: Name & Address	
Lessee: Name & Address	
Airport Authority: Name & Address	
State/Municipality: Name & Address	

**Any Losses: (Please provide details of ALL Claims- which carrier, how much was paid and when did the loss occur.)**


**X**

Name  
Title