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COMMERCIAL FIRE APPLICATION

Renewal: Yes No

Date: _____ Current Policy No: _____

Agency Name and Address: _____

APPLICANT INFORMATION

Insured: _____

Address: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

Location of Property (if different from above): _____

Previous Address (if less than 3 years): _____

Applicants Occupation (state nature of business if self-employed): _____ Marital Status: _____ SSN #: _____ - _____ - _____

Applicant's Employers Name & Address: _____

Co-Applicants Occupation (state nature of business if self-employed): _____ Marital Status: _____ SSN #: _____ - _____ - _____

Co-Applicants Employers Name & Address: _____

COVERAGES / LIMITS OF LIABILITY

Building \$ _____ Contents \$ _____ Business Interruption / Loss of Use \$ _____

Commercial General Liability Limit \$ _____ Medical Payments \$ _____ TOTAL ANNUAL PREMIUM \$ _____

DEDUCTIBLE \$2,500 or _____ % of the sum insured, whichever is greater for the peril of windstorm. _____ % of the sum insured for the peril of earthquake. \$1,000 for all other perils.

RATING / UNDERWRITING

Construction of Building: Frame Brick, Stone, Masonry Brick, Stone, Masonry Veneer Mixed Other _____

Roof of Building: Fire Resistant Approved Unapproved Pool: Yes No Fenced: Yes No

Nature of Business: _____

Renovation Type: Year _____

Purchase Date: ____/____/____ Purchase Price \$ _____ Replacement Cost \$ _____

Electrical Repair: _____

Year Built: _____ Sq. Ft: _____ No. of Apts: _____ No. of Fire Extinguishers: _____

Plumbing: _____

Occupancy: Owner Tenant Lessee No. of Families: _____

Roofing: _____

PRIOR COVERAGE

Prior Carrier: _____ Prior Policy #: _____ Expiration Date: ____/____/____

LOSS HISTORY

Description of Loss: _____

Date: ____/____/____ Type: _____ Amount \$ _____

ADDITIONAL INTEREST / MORTGAGE

Name & Address: _____ Loan #: _____

Name & Address: _____ Loan #: _____

READ BEFORE SIGNING

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulently, or in such a way to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

Signature of Applicant: _____ Date: ____/____/____

Signature of Producer: _____ Date: ____/____/____