

BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM:	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			PHONE:		

LOC# _____ **BUILDING#** _____

STREET:		CITY:		COUNTY:		STATE: FL	ZIP:
Exposure	Limit	Coins %	Valuation		Deductible		
Building	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded
Business Personal Property	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded
Business Income w/ee	\$	None	Limit of Indemnity		<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Outdoor Signs	\$ Deductible 5% all perils - Subject to Minimum Deductible \$1,000						

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Central Station Burglar Alarm			Construction:	Protection Class:
Sprinklered			Year Built:	Building Square Footage:
Fire Alarm			Building updates (include year):	
			Wiring? <input type="text"/>	Plumbing? <input type="text"/>
			Heating? <input type="text"/>	Roof? <input type="text"/>

CAUSES OF LOSS - Building		
<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special
CAUSES OF LOSS - Business personal property		
<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	
<input type="checkbox"/> Special Excluding Theft		

MORTGAGE / LOSS PAYEE	
Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

LOC# _____ BUILDING# _____

STREET:		CITY:		COUNTY:		STATE: FL	ZIP:
Exposure	Limit	Coins %	Valuation		Deductible		
Building	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded
Business Personal Property	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded
Business Income w/ee	\$	None	Limit of Indemnity		<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Outdoor Signs	\$ Deductible 5% all perils - Subject to Minimum Deductible \$1,000						

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Central Station Burglar Alarm			Construction:	Protection Class:
Sprinklered			Year Built:	Building Square Footage:
Fire Alarm				
			Building updates (include year):	
			Wiring?	Plumbing?
			Heating?	Roof?

CAUSES OF LOSS - Building

Basic Broad Special

CAUSES OF LOSS - Business personal property

Basic Broad

Special Excluding Theft

MORTGAGE / LOSS PAYEE

Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

OPERATION INFORMATION

Total square footage of building :	Height of building (# of stories) :	
	Yes	No
1) Does applicant occupy and operate out of any portion of this building? If yes, total square footage of part you occupy :		
2) Description of applicant's operations :		
3) Are all buildings at least 65% occupied? If no, how long has the property been available for rent? :		
4) Is any tenant a Nursing Home, Health Care Facility, or Assisted Living Facility?		
5) Are operations of all tenants exclusively office, mercantile, or manufacturing related?		
6) Are there any structural renovations ongoing or planned during our policy term?		

GENERAL LIABILITY SECTION

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products and Completed Operations Aggregate	\$ SUBJECT TO GENERAL AGGREGATE LIMIT
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$ 1,000

SCHEDULE OF HAZARDS

Loc. No.	Class Code - Classification	Premium Basis: Area
Loc. 1	<input type="checkbox"/> 61211 - Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only)	sq. ft.
Loc. 2	<input type="checkbox"/> 61211 - Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only)	sq. ft.

ADDITIONAL INSURED EXPLAIN INTEREST

NAME:	SPECIFY INTEREST:
ADDRESS:	
NAME:	SPECIFY INTEREST:
ADDRESS:	

Agent to provide company with a copy of each certificate of insurance issued

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is
 Bound effective _____(Time) _____(Date) Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____