

Program Insurance Application

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:
NONPROFIT: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:		
INSPECTION CONTACT:			PHONE:		

LOC# _____ **BUILDING#** _____ **OCCUPANCY:** _____

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:	Square Footage:
Fire Alarm			No. Stories:	
Cooking on premises			Building updates (include year):	
Ansul System			Wiring?	Plumbing?
Service agreement in place			Heating?	Roof?

CAUSES OF LOSS - Building

Basic Broad Special

CAUSES OF LOSS - Business personal property

Basic Broad
 Special Excluding Theft Special Including Theft (UL Approved Central Station Alarm Cert. Required)
 Special Excluding Theft with Burglary sub limit \$(5,000 10,000)

MORTGAGE / LOSS PAYEE

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

LOC# _____ BUILDING# _____ OCCUPANCY: _____

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Sprinklered			Year Built:	Square Footage:
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Ansul System			Wiring? <input type="text"/>	Plumbing? <input type="text"/>
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COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	
General Aggregate	\$	
Products and Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	
Each Occurrence	\$	
Damage to Rented Premises (each occurrence)	\$	← MAX LIMIT AVAILABLE \$50,000
Medical Expense (any one person)	\$	← MAX LIMIT AVAILABLE \$1,000

SCHEDULE

Classification	Class Code	Premium Basis Sales
		\$
		\$
		\$
		\$
		\$

PREMISES INFORMATION

Total number of MH spaces:	Type of park: _____	% Retirement: _____
Number of MH units you own and rent to others, including units you hold the title to: _____		% Family: _____ % Adult: _____
Number of residential units you own and rent to others, including dwelling, cabins, manager's residence, etc.: _____	Current rent per space # _____ each space	

	Yes	No
Is risk currently operational?		
Has applicant had any citations or violations from any regulatory authority?		
Is insured location/premises used in any way by any outside organization?		
Is park fully developed?		
Are lots owned by residents?		
Are streets paved?		
Are there any wood-burning or portable heating devices on the premises?		
Do you rent or loan equipment items to others?		
Swimming pools? If Yes, how many?: _____		
Life safety equipment available at pool side?		
Diving boards?		
Slides?		
Is the pool area completely surrounded by a building, wall, or fence?		
Are gates or door openings into pool area equipped with a self-closing and self-latching device?		
Are the depth markings clearly shown?		
Are warning signs and rules posted and clearly visible?		
Is the pool maintained by applicant or outside contractors? <input type="checkbox"/> Applicant <input type="checkbox"/> Outside contractor		
Boat docks or slips?		
Lake?		
Playgrounds?		
Sauna/hot tubs?		
Sports courts (tennis, basketball, volleyball, etc.)?		
Security guards?		
Any rental boats by insured?		
Are there any activities where alcoholic beverages are served or permitted?		
Does applicant transport or install mobile homes?		
Does LPG tank have adequate protection against fire and/or vehicle damage?		
Club house cooking facilities?		

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 _____