



P.O. Box 9109, Charlotte Amalie  
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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 Resistive ☐ Approved ☐ Unapproved Pool: ☐ Yes ☐ No Fenced: ☐ Yes ☐ No

Nature of Business: \_\_\_\_\_

Purchase Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Replacement Cost \$ \_\_\_\_\_

Year Built: \_\_\_\_\_ Sq. Ft: \_\_\_\_\_ No. of Apts: \_\_\_\_\_ No. of Fire Extinguishers: \_\_\_\_\_

Occupancy: ☐ Owner ☐ Tenant ☐ Lesse No. of Families: \_\_\_\_\_

Renovation Type: \_\_\_\_\_ Year \_\_\_\_\_  
Electrical Repair: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
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: \_\_\_\_/\_\_\_\_/\_\_\_\_