



UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

Distributor/Mercantile Program Application

This application forms and becomes part of your insurance policy.

☐

Distributor

☐

Wholesale Computer

☐

Mercantile

INSURED

Named Insured:

Effective Date:

DBA:

E-mail:

Mailing Address

Location Address

Entity:

PROPERTY

Perils

Co-Ins

Deductible

Building: \$

\$

Contents: \$

☐ Earthquake Sprinkler Leakage

\$

Business Income: \$

Signs: \$

\$

LIABILITY

General Liability:

\$

Occurrence/Aggregate

Fire Damage:

\$

Medical Expense:

\$

Hired & Non-Owned Auto:

\$

Excess or Umbrella

Excess \$

Umbrella \$

(Please submit signed completed Acord Application at the time of binding if umbrella coverage is required)

COVERAGE AVAILABLE

Limit

Deductible

Ordinance or Law:

\$

Sewer Back Up:

\$

\$

Employee Dishonesty (Blanket Occ/Agg Limit)

\$

\$

Money and Securites:

\$

\$

Accounts Receivable:

\$

Valuable Papers:

\$

\$

Other Coverages:

ADDITIONAL INTERESTS

Additional Insured:

Loss Payee:

Mortgagee:

"SERVICE is our STRENGTH"™

1. ☐ Yes ☐ No Has the broker personally seen the risk?
2. ☐ Yes ☐ No Owners experience at this location 1+yr?
If new, provide type of experience and years: _____
3. Prior policy # _____
Company Name: _____
Expiration Date: _____
Premium: \$ _____
4. ☐ Yes ☐ No Has coverage been cancelled/non-renewed?
If "Yes", explain: _____
5. ☐ Yes ☐ No Prior Losses?
(3 yr current valued loss runs must be provided)
6. ☐ Yes ☐ No *Does the applicant have any knowledge of any facts, circumstances, acts or omissions which could reasonably be expected to result in a third party claim being brought in the future?
7. ☐ Yes ☐ No *Does the applicant have any knowledge of any third party claim which was brought on or before the date of this application for insurance?
8. ☐ Yes ☐ No *Any un-repaired damage to the proposed insured property?
9. ☐ Yes ☐ No *Any known evidence of MOLD damage?
*Explain in detail any "Yes" answer & respond separately
10. Year Built: _____ Total Building Area: _____ sq. ft.
Total Area Occupied by Applicant: _____ sq. ft.
Sub-leased area to other by applicant: _____ sq. ft.
Tenants occupied as: _____
11. Construction: _____
Sprinkler: _____
Alarm: _____
Roof Type: _____
Year Roof was updated: _____
Roof Condition: _____
Safe (size & type): _____
12. Remodeled/Updated in: _____
☐ Yes ☐ No Copper Wiring?
☐ Yes ☐ No Copper Plumbing?
☐ Yes ☐ No Electrical circuit breaker?
☐ Yes ☐ No All wires in conduit?
13. Hours of Operation: _____ to _____
14. Description of operations: _____
☐ Yes ☐ No Any stock on premises?
If "yes", explain: _____
15. ☐ Yes ☐ No Are there any manufacturing exposures on the premises?
☐ Yes ☐ No Any off-premises operations?
☐ Yes ☐ No Are used items sold?
☐ Yes ☐ No Any self-labeling goods sold?
16. ☐ Yes ☐ No Any custom computer programming or consulting?
17. ☐ Yes ☐ No Smoke Detectors in all Units?
☐ Yes ☐ No Are Smoke Detectors checked semi-annually?
☐ Yes ☐ No Fire Extinguishers on the premises?
18. ☐ Yes ☐ No Electrical gates/doors _____
☐ Yes ☐ No Elevators, how many? _____
19. ☐ Yes ☐ No Service/maintenance contracts for electrical gates or elevators?
20. ☐ Yes ☐ No Does the applicant own any commercial auto?
☐ Yes ☐ No Commercial Auto insurance in force?
(UCA provides competitive rates for companion auto coverage)
☐ Yes ☐ No Non-owned/Hired Auto liability provided by auto policy?
☐ Yes ☐ No Does the applicant's employees use their auto for business?
☐ Yes ☐ No Does the applicant require these employee to carry liability insurance?
21. Total # of Full Time Employees: _____
Total # of Part Time Employees: _____
22. PERSON TO CONTACT FOR INSPECTION: _____
TELEPHONE #: _____
EMAIL: _____
- DATE: _____

