



PROSURANCE PACKAGE APPLICATION
FOR ASMP MEMBERS ONLY [Attach copy of ASMP Card]

- 1) Name of Applicant: _____
Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Owners Name: _____ E-Mail Address: _____
Telephone: _____ Facsimile: _____
- 2) Type of Business: Check One: Individual Partnership or Joint Venture
 Corporation Limited Liability Corporation
 Other: Describe: _____
- 3) What is the Federal Employer Identification Number (FEIN)? _____
- 4) Year Business started: _____
- 5) Description of Business Operation including a description of goods or services provided: _____

- 6) Hours of Operation: _____
- 7) Number of employees: _____ Total Payroll: _____
Do you lease employees from others? Yes No
- 8) Total Gross Sales / Receipts for the past 12 months: _____
Total Gross Billable Expenses for the past 12 months: _____
Total Gross Sales / Receipts estimated for the next 12 months: _____
Total Gross Billable Expenses estimated for the next 12 months: _____
- 9) Are there any businesses or business locations owned or operated that will not be specifically insured by this policy? Yes No (If yes, note that coverage will be limited to the business and/or location(s) listed in questions #1-8 above)

10) Effective Date Desired: _____ (Note: Coverage cannot be backdated)

11) Location Address(es) (if different than mailing address above) _____

City: _____ State: _____ Zip Code: _____ County: _____

List all occupancies of the building you occupy: _____

12) Number of years that your business has operated at this location: _____

13) Are you Owner/Occupant () or do you Rent ()

14) Year Built: _____

Number of Stories: _____ Does building have elevators: () Yes () No

Square footage of entire building: _____

Square footage of portion you occupy: _____

Construction (Check One): () Frame () Joisted Masonry
() Noncombustible () Fire Resistive
() Other: Describe: _____

If the building is older than 25 years you MUST also provide the dates that the following were updated: Wiring _____yr. Roof _____yr.
Heating _____yr. Plumbing _____yr.

List all occupancies situated adjacent to your premises (Ex: Office Building, Restaurant, Warehouse, Apartments, Vacant Lot, Parking Lot, Retail Stores etc.)

Left Side _____ Right Side _____

Rear _____

15) Loss Controls:

Is building sprinklered: () Yes () No

Are smoke detectors present: () Yes () No

Are fire extinguishers present: () Yes () No

Is a doorman present: () Yes () No

Type of Locks: () Cylinder () Deadbolts

Are barred windows provided? Do they have safety releases? () Yes () No

Are there at least two exits provided per floor? () Yes () No

Do you have a Fire Alarm _____ Is it a Central Station () Local ()
Include: Certificate Number _____ Expiration date _____

Do you have a Burglar Alarm _____ Is it a Central Station () Local ()
Include: Certificate Number _____ Expiration date _____

Include any other loss control measures provided: _____

16) Is the space you occupy currently under renovation: () Yes () No

17) How far is your premises situated from a shoreline _____ Miles

18) Please list the following for your existing insurance:

Carrier _____ Policy Number _____

Effective Date _____ Expiration Date _____

19) Have there been any Property, General Liability or product losses, claims, suits within the last 3 years (even if not covered by insurance)? () Yes () No

If Yes, provide date of loss, description of loss and total amount of loss: (Attach separate sheet if needed) _____

20) Has any form of insurance ever been cancelled or non-renewed: () Yes () No
If yes, explain: _____

21) General Information:

	YES	NO
Has applicant been active in or is currently active in any joint ventures?		
Do your subcontractors carry coverage or limits less than yours?		
Are subcontractors allowed to work without providing you with a certificate of insurance?		
Any machinery or equipment loaned or rented to others?		
Guarantees, warranties, hold harmless agreements?		
Any watercraft, dock, floats owned, hired or leased?		
Does Applicant install, service or demonstrate products?		
Any medical facilities provided or medical professionals employed or contracted by the applicant?		
Is there a formal, written safety and security policy in effect?		
Products related to aircraft/space industry?		
Any operations sold, acquired, or discontinued in last 5 years?		
Have you ever filed for bankruptcy?		
Does any named insured sell to other named insured's?		
Foreign products sold, distributed or used as components?		
Research & development conducted or new products planned?		
Products recalled, discontinued, changed?		
Products of others sold or repackaged under applicant label?		
Product under label of others?		
Vendors coverage required?		
Are there any gas pumps or underground tanks on premises?		
Do you sell any used items?		
Does applicant deliver goods?		
Any exposure to radioactive/nuclear materials?		
Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?		
Any parking facilities owned/rented? If yes, do you charge a fee?		
Any recreational facilities provided?		
Is there a swimming pool on the premises?		
Any sporting events sponsored?		
Is there a labor interchange with any other business or subsidiaries?		
Are day care facilities operated or controlled?		
Have any crimes occurred or been attempted on your premises within the last three years?		
Does your business promotional literature make any representations about the safety or security of the premises?		

22) INSURANCE NEEDED: Business Personal Property \$ _____
 Computer Equipment * \$ _____
 Camera Equipment* \$ _____
 General Liability \$1,000,000 () Include
 Non Owned-Hired Auto \$1,000,000 () Include
 Other _____
 Errors & Omissions for ASMP Members **ONLY** () Include
 (Please complete Supplemental Errors & Omissions Application)

** These coverage's require that you provide a schedule of property including make, model, serial number and value of each item as well as the sum total value of all property listed.*

TRUTH OF STATEMENTS

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

FRAUD WARNING

NOTICE TO ALL STATES INCLUDING SPECIAL NOTICE TO ARKANSAS, COLORADO, FLORIDA, KENTUCKY, MAINE, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND MAY BE SUBJECT TO SUBSTANTIAL CIVIL FINES AND CRIMINAL PENALTIES."

PRINT APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

TITLE: _____

DATE: _____