



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

Commercial Package Application

Applicant's Name: _____
 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES: From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. **Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/ Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk: 1. _____ % 2. _____ %			

- **Construction type:** _____
- **Number of stories:** _____
- **Protection class:** _____
- **Total square foot area:** _____



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- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____
- **Building remodeling (include year):**
Wiring?..... Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing?..... Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:**..... Local Central Station
- **Fire alarm type:**..... Local Central Station

GENERAL LIABILITY SECTION

5.	Limits of Liability Requested	Premiums
	General Aggregate \$	Premises/Operations
	Products & Completed Operations Aggregate \$	\$
	Personal & Advertising Injury \$	Products/Completed Operations
	Each Occurrence \$	\$
	Fire Damage (any one fire) \$	Other
	Medical Expenses (any one person) \$	\$
	Other Coverages, Restrictions and/or Endorsements \$	Total
	Deductible \$	\$

Schedule of Hazards

Loc. No.	Classifica- tion	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./ Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.



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6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, canceled or non-renewed during the prior three years? Why? (Not applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ Date: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ Date: _____