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COMMERCIAL FIRE APPLICATION

DATE _____ PROPOSED POLICY PERIOD: From _____ TO: _____

APPLICANT NAME AND MAILING ADDRESS _____

INSPECTION CONTACT NAME & PHONE _____

Insured is: Individual Corporation Partnership Joint Venture Other

LOCATION INFORMATION (If -more than 3 locations, attach separate sheet) DESCRIPTION OF OPERATIONS-OCCUPANCY

Location 1 _____

Location 2 _____

Location 3 _____

PRIOR CARRIER INFORMATION (Must have prior 3 year Information)

YEAR	CARRIER	COVERAGE CARRIED	LIMITS	EXPIRATION DATE

ENTER ALL LOSS INFORMATION (Past 3 Years)

DATE	TYPE OF LOSE	DESCRIPTION	AMOUNT PAID	OPEN OR CLOSED?

Has coverage ever been cancelled or non renewed? (NOT APPLICABLE IN THE STATE OF MISSOURI) if so, explain:

LIMITS & COVERAGES

	<u>LOC. 1</u>	<u>LOC. 2</u>	<u>LOC. 3</u>
BUILDING _____ % COINSURANCE	\$ _____	\$ _____	\$ _____
CONTENTS _____ % COINSURANCE	\$ _____	\$ _____	\$ _____
L.O.E _____ % MONTHLY OR COINSURANCE	\$ _____	\$ _____	\$ _____
LO.R _____ % CONTRIBUTION	\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE)	\$ _____	\$ _____	\$ _____
TOTAL LIMITS	\$ _____	\$ _____	\$ _____

DEDUCTIBLES BUILDINGS \$ _____ CONTENTS \$ _____ TIME ELEMENT \$ _____

PERILS F,EC.VMM ALL RISK OPTIONAL PERILS

VALUATION A.C.V. R. C. MARKET VALUE]

PARTICIPATING COMPANIES

NAME OF COMPANY	% PARTICIPATION	LIMITS

BUILDING INFORMATION

LOC. 1

LOC. 2

LOC. 3

BUILDING _____

AGE _____

OF STORIES _____

TOTAL SQUARE FOOTAGE _____

PROTECTION CLASS _____

UNDERWRITING INFORMATION

Any updating done? Please state what has been done and when - by location. if not, please state: None

WIRING

PLUMBING

HEATING

ROOF

OTHER

LOC. 1 _____

LOC. 2 _____

LOC. 3 _____

ADJACENT EXPOSURES

RIGHT

LEFT

FRONT

REAR

LOC. 1 _____

LOC. 2 _____

LOC. 3 _____

GENERAL INFORMATION

NUMBER OF YEARS IN BUSINESS AT THIS LOCATION _____

TOTAL NUMBER OF YEARS EXPERIENCE _____

MORTGAGE YES No NAME: _____ AMOUNT OUTSTANDING \$ _____

ANY SPECIAL HAZARDS ie. COOKING, FLAMMABLES, WOODWORKING, ETC.? (If so, please explain)

COMMENTS

AGENT INFORMATION

NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE: _____

APPLICANT'S SIGNATURE _____ DATE _____