OWNER-OCCUPIED COMMERCIAL PROPERTY

Building, operations, property values, income protection, and risk-control information.

iPhone Files/Preview: tap a square and type X.

1. Applicant and Contact Information

Legal business / applicant name *

DBA / ownership entity

Primary contact *

Phone *

Email *

Mailing address

Requested effective date *

2. Building and Business Occupancy Profile

Property / premises address *

City / State / ZIP

Year built

Total square feet

Stories

Construction type

Applicant-occupied %

Tenant-occupied %

Vacant %

Year acquired / lease began

Describe the building occupancy, applicant operations, tenants, and hours of use:

Roof type / age

Electrical update year

Plumbing update year

HVAC update year

Heating type

Foundation / basement

3. Building and Property Values

Property category	Current value	Requested limit	Valuation	Basis / date

Mark categories included:

- ☐ Building
- ☐ Business personal property
- ☐ Inventory / stock
- ☐ Machinery / equipment
- ☐ Improvements / betterments
- ☐ Computers / data
- ☐ Outdoor property / signs
- ☐ Property of others
- ☐ Fine arts / valuable papers
- ☐ Mobile / offsite property
- ☐ Accounts receivable
- ☐ Other property

4. Coverage and Business Income

Annual revenue

Annual payroll

Requested BI limit

Estimated downtime

Mark coverages to quote:

- ☐ Replacement cost
- ☐ Agreed value
- ☐ Special causes of loss
- ☐ Business income
- ☐ Extra expense
- ☐ Equipment breakdown
- ☐ Ordinance or law
- ☐ Water backup
- ☐ Flood
- ☐ Wind / hail
- ☐ Earthquake
- ☐ Spoilage
- ☐ Utility interruption
- ☐ Dependent property
- ☐ Crime
- ☐ Cyber / EDP

Explain valuation method, peak values, deductibles, coinsurance, lender requirements, and desired extensions:

Protection, Maintenance, and Catastrophe Exposures

Mark every protection feature present:

- ☐ Central fire alarm
- ☐ Central burglar alarm
- ☐ Automatic sprinklers
- ☐ Smoke / heat detection
- ☐ Security cameras
- ☐ Access control
- ☐ Water-leak detection
- ☐ Backup generator

Fire department type	Distance to station	Distance to hydrant	Sprinkler coverage %

Is there a current roof inspection and maintenance program?	☐ Yes	☐ No
Are electrical, plumbing, HVAC, and life-safety systems professionally maintained?	☐ Yes	☐ No
Any aluminum wiring, knob-and-tube wiring, fuses, polybutylene piping, or galvanized plumbing?	☐ Yes	☐ No
Any prior or current water intrusion, mold, foundation movement, or structural damage?	☐ Yes	☐ No
Is the location in a special flood hazard area or otherwise exposed to surface water?	☐ Yes	☐ No
Is the location exposed to named storm, wind, hail, wildfire, earthquake, or sinkhole?	☐ Yes	☐ No
Any hazardous materials, cooking, flammable storage, or high-hazard neighboring occupancy?	☐ Yes	☐ No

Explain Yes answers, distances to catastrophe exposures, mitigation, inspections, and planned repairs:

Utilities and Site Controls

Mark applicable controls:

- ☐ Sump pump
- ☐ Backflow prevention
- ☐ Automatic water shutoff
- ☐ Storm shutters / impact glass
- ☐ Roof tie-downs
- ☐ Snow / ice plan

Describe utility shutoffs, drainage, generators, emergency contacts, and property-management procedures:

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Current and Prior Insurance

Is property insurance currently in force? ☐ Yes ☐ No

Current carrier	Policy number	Expiration	Annual premium

Current limits / valuation / deductibles	Reason for shopping / desired changes

Any lapse, cancellation, nonrenewal, restriction, or declination in the past five years? ☐ Yes ☐ No

Property losses - past five years

Date	Location	Cause / description	Paid / reserved	Status

Explain open claims, corrective action, known damage, or circumstances that may result in a claim:

Supporting Documents

Mark documents included:

☐ Current declarations ☐ Five-year loss runs ☐ Replacement-cost estimate ☐ Lease / lender requirements

☐ Building appraisal ☐ Photos / inspection ☐ Tenant or equipment schedule ☐ Other attachments

Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and the issued policy language.

Signature / typed name *	Date *

MAD Insurance representative	Agent phone / email