

Concorde Brokerage of L.T. Std.

COMMERCIAL/BUSINESS LINES INDICATION REQUEST

Applicant's Name:						
Mailing Address:						
Location Address, if different:						
Contact Person's FULL NAME:						
**For a more accurate quoteSS #:						
ESTIMATED EFFECTIVE DATE OF COVERAGE:						
IF THIS IS A BUSINESS, EXPLAIN THE OPERATIONS:						
IF this risk is a Grocery/Deli;						
Is COOKING BEING DONE & if YES - what kind of cooking?						
Is there a working Ansul/Automatic Fire Suppression System with an UNEXPIRED TAG?						
Does the Hood and Ductwork have an <u>UNEXPIRED HOOD STICKER?</u>						
Are there 18" high AND 16 Gauge THICK - stainless steel <u>SPLASH GUARDS</u> , between Deep Fryer Units and adjacent Open Flame cooking devices, to prevent ignition of Deep Fryer Unit?						
Is there a CCTV system, inside and outside this risk, with saved recordings for 30 days?						
Are there MOUNTED and UNEXPIRED TAGGED – "ABC" AND "K" RATED - Fire Extinguishers, located in conspicuous and easily accessible locations – (per NFPA 10)?						
Does the risk have an Illuminated Exit Sign that has a battery backup?						
Square footage of occupancy? Delivery? Liquor sold? Years in business?						
Days/Hours of business operations?						
Prior Ins. Co. Pol. # & Exp. Date:						
IF prior insurance was Cancelled/Non-Renewed, what is the Cancellation/Non-Renewal Eff. Date & reason?						
Losses/Claims (past 5 years)? IF YESdates/details:						
Form of Coverage (circle one): BASIC BROAD SPECIAL						

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Settlement Basis	(circle one):	ACV	or Replacement Cost			
Coverage/Limits:	Building: \$	Cor	ntents: \$ Rental Income/Loss of Income \$			
Deductible \$: Liability Limit \$:						
Fire Legal Liability/Damage to Rented Property LIMIT \$:						
IF the insured is a Beautician/Barber Shop, Professional Liability is MANDATORY by NYS Law!!!						
Number o	f employees? F	ull Time: _	Part	Time:	Manicurists:	
IF GLASS coverage is wanted – list the HEIGHT & WIDTH measurements (in feet) of each piece of glass						
AND the exact LOCATIONS:						
Building/Construction: Brick Frame Fully Attached Semi Attached Fully Detached						
List other occupants in the building:						
What are the exposures on: Left Side: Right Side:						
Age of Bldg.: Bldg. Square			Footage:		# of Stories:	
Updates: E	lectric:	Date	: /	Full OR	Partial:	
<u>H</u>	leat:	_ Date	:	Full OR	Partial:	
<u>P</u>	lumbing:	Date	: /	Full OR	Partial:	
<u>R</u>	loof:	_ Date	: /	Full OR	Partial:	
Protective System: Smoke Detectors: Fire Alarm: Burglary Alarm:						
Are there MOUNTED and UNEXPIRED TAGGED – "ABC" - Fire Extinguishers?						
Additional Insures Name/Address:						
Relationship to Insured (ex: Landlord/Managing Agent):						
Mortgagee Name/Address/Loan #:						
Billing Method (ci	rcle one <u>)</u> : In	sured Billed	d	Mortgag	gee Billed	
Other coverages OR additional information:						