



All City Insurance

1400 NW 107th Avenue, Suite 210
 Doral, Florida 33172
 305.463.9431 - gmail@allcityins.com
 www.allcityins.com

COMMERCIAL PROPERTY SUPPLEMENTAL APPLICATION

Named Insured: _____ Date: _____

LOCATION INFORMATION (If more than 3 locations, attach a separate sheet)

Location #1 _____

Location #2 _____

Location #3 _____

BUILDING INFORMATION (Please provide complete information for each insured location. Attach separate sheet, if necessary.)

	Loc. 1	Loc. 2	Loc. 3
Sprinkler System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring ___ Heating ___ Other _____	___ Roof ___ Plumbing ___ Wiring ___ Heating ___ Other _____	___ Roof ___ Plumbing ___ Wiring ___ Heating ___ Other _____

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
Total Limits					\$ _____	\$ _____	\$ _____

Mortgage Holder – Name & Address:

Loc 1: _____

Loc 2: _____