

**BUSINESS OFFICE PACKAGE UNDERWRITING INFORMATION**

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Federal ID Number/SSN: \_\_\_\_\_ Business Entity: \_\_\_\_\_

Location Address: \_\_\_\_\_

1<sup>st</sup> Mortgagee/Loss Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_

2<sup>nd</sup> Mortgagee/Loss Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**UNDERWRITING INFORMATION:**

Year Built: \_\_\_\_\_ Total No. of Stories: \_\_\_\_\_

Building Construction: \_\_\_\_\_ Total Square Feet of Building: \_\_\_\_\_

Type of Roof: \_\_\_\_\_ Total Square Feet Occupied: \_\_\_\_\_

**BUILDING SYSTEMS UPDATES – YEAR COMPLETED:**

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Roof: \_\_\_\_\_ HVAC: \_\_\_\_\_

**FIRE SPRINKLER SYSTEM:** Yes  No   
If YES, Wet  Dry  How often maintained? \_\_\_\_\_

**SECURITY:**

Central Station Alarm: Yes  No  Security Patrol: Yes  No

**INSURANCE INFORMATION:**

Building Limit: \_\_\_\_\_ Gross Annual Sales: \_\_\_\_\_

Liability Limit: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_

Annual Payroll: \_\_\_\_\_ Improvements & Betterments: \_\_\_\_\_

Additional Insured/Lessor: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

**CLAIMS HISTORY:** \_\_\_\_\_