



Please fax completed applications to 1-800-915-3922
Or E-mail to ciglesias@sabalinsurance.com

Application for Office Property
& General Liability Insurance

GENERAL INFORMATION:

Legal Name & DBA:
Physical Address:
Mailing Address:
City: State: County: Zip:
Phone: Fax: Contact: Email Address:
Corporate Structure (check one): Proprietorship Partnership Corporation Other:
Year Business Established: Number of Employees: Full-Time: Part-Time
For the following questions, if answer is "Yes," please provide full details and attach to this application.
Is the Applicant a subsidiary of another entity? Yes No
Any operation or property owned/leased/occupied that is not covered under this policy? Yes No
Was previous coverage non-renewed or cancelled? Yes No
Requested policy period: to
Estimated Annual Revenue: \$ Estimated Annual Payroll: \$

ACCOUNT HISTORY:

Have there been any lawsuits, claims or occurrences that may give rise to claims for the prior 5 years? Yes No
(Including Auto and Umbrella) If "Yes," please provide the following information on a separate sheet of paper:
-Date of loss, Description of cause of loss, Amount paid and remedial action taken to prevent recurrence.

PROPERTY INFORMATION:

Note: If multiple locations are to be covered, please copy and complete this section for each location.

Location Address (Include County): Location #:
(Street) (City) (State) (County) (Zip)

Coverages and Limits:

-Building (Replacement Cost; Only if owned by applicant) \$
-Contents (Replacement Cost; Furniture and Fixtures) \$
-Improvements and Betterments \$
-Optional Property Coverage:
-Computer; Please schedule all single components with a value greater than \$5,000 and attach to this application \$
-Valuable Papers and Records \$

Are you the Owner Tenant Both ? (Check One)
Year Establishment was built: Total Square Footage occupied by your organization
Burglar Alarm Type: (Check One) None Local Central Station
If building has multiple types of occupancies, indicate types:
Please provide a brief description of the activities of your business:

Signature/Name of Authorized Representative

Date