

Commercial Real Estate Application



FARMERS
80 YEARS SERVING AMERICA

Date _____

| | | | | | |
|---|--|--|--|--|----------------------|
| <input type="checkbox"/> Quote <input type="checkbox"/> Submit for Approval <input type="checkbox"/> New Business <input type="checkbox"/> Change | | | Policy Number: | | |
| Effective Date: | | Expiration Date: | | | |
| Prematic / EasyPay Number: | | | Quote Number: | | |
| Insured Name: | | | Agent Number: | | |
| Business Name / DBA: | | | Agent Name: | | |
| Mailing Address: | | | | | |
| City: | | State: | ZIP: | Phone Number: | |
| e-mail Address: | | Website: | | SIC Code: 6512 - Non-Residential Building Operators | |
| Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ | | | | | |
| Business Type: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Park <input type="checkbox"/> Private Warehouse <input type="checkbox"/> Office Condominium | | | | | |
| Company: <input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Truck Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company | | | | | |
| Package: <input type="checkbox"/> Premier <input type="checkbox"/> Primary | | How long in the business of building ownership? | | | |
| Will vehicle coverage be included on this policy? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Number of Employees: |
| Garage Keepers Coverage? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employers Non-Ownership Liability? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Hired / Borrowed Car Coverage? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Location Information | | | | | |
| Location Address: | | | | | |
| City: | | | | State: | ZIP: |
| Year Built: | | Territory: | | Building Amount: | |
| Construction: <input type="checkbox"/> Frame | | Protection Class: | | Contents Amount: | |
| <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive | | Annual Increase Building (if other than 4%): <input type="checkbox"/> 2% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% | | Property Deductible (if other than \$500): <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | |
| | | Annual Increase Contents (if other than 4%): <input type="checkbox"/> 2% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% | | Liability Limit: <input type="checkbox"/> \$500,00 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 | |
| | | Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Wind and Hail Percentage Deductible (where available): <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> Exclude Wind and Hail | |

Package Coverages with Optional Higher Limits

| Coverage | Optional Higher Limit | Coverage | Optional Higher Limit | Coverage | Optional Higher Limit |
|--|-----------------------|--------------------------------|-----------------------|--------------------------------|-----------------------|
| Accounts Receivable | | Debris Removal | | Off Premises Personal Prop. | |
| Back Up of Sewer and Drain <i>(available on Premier only)</i> | | Employee Dishonesty | | Outdoor Signs | |
| | | Fire / Tenants Legal Liability | | Pollutant Clean Up and Removal | |
| Computer Hardware | | Lock Replacement | | Trees, Shrubs and Plants | |
| Computer Media and Records | | Money and Securities | | Valuable Papers | |

Optional Coverages

| Coverage | Limit | Coverage | Limit | Coverage | Limit |
|--|-------|------------------------------|-----------------------------|-------------------------------|--------------------------|
| Building Ordinance Cov B | | Earthquake Sprinkler Leakage | | Non-Owned Auto | |
| Building Ordinance Cov C | | | Employee Benefits Liability | | Outdoor Fences and Walls |
| Business Income from Dependent Properties <i>(available on Premier only)</i> | | Employee Liability | | Utility Service Direct Damage | |
| | | Fine Arts Coverage | | Utility Service Time Element | |
| Directors and Officers Liability | | Glass Deductible Buy Back | | | |
| Earthquake | | Hired Auto | | | |

Risk Characteristics

| | |
|---|--|
| 1. Is a professional property management company used at this location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the original building(s) designed for the type of operation being conducted at this location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the applicant responsible for the parking lot? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Building improvements / Renovations at this location: | Wiring Year: _____ Roofing Year: _____ |
| 5. Indicate the percentage of the building(s) that are occupied: | _____ % |
| 6. Does any tenant conduct Manufacturing operations at this location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Indicate the applicant's credit score. | |
| 8. Does the applicant have other personal or commercial lines policies insured with Farmers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: | |
| | |

Prior Claims and General Underwriting Information

(Complete the following only if policy is to be issues. Explain any Yes answers in Remarks.)

| Policy Period | Carrier Name | Premium | Number of Claims | Total Losses Paid | Reserves |
|--|--------------|---------|------------------|---------------------|--|
| Past 12 months: | | | | | |
| 13-24 months: | | | | | |
| 25-36 months: | | | | | |
| 1. Does the risk meet all eligibility requirements as outlined in the Commercial Real Estate Business Guide? | | | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. During the past three years, has any coverage been cancelled, non-renewed, declined or placed in Surplus Lines? | | | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the applicant, partner or principal stockholder now, or in the past, involved in any of the following? Check all that apply: | | | | | |
| <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business Failure <input type="checkbox"/> Any Litigation | | | | | |
| 4. Are there any unusual hazards or attractive nuisances at any of the locations? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did the agent personally inspect all locations of this risk? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5A. If Yes, what is the number of photos for reimbursement? | | | | | |
| 6. What is the loss control contact name? | | | | Phone Number: _____ | |

Location Level Underwriting Information

| | |
|---|---|
| 7. Are all occupancies eligible operation in other Selected Industries programs? If No , explain in Remarks. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are all common areas in good repair, including all floor coverings, sidewalks, parking lots, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are exterior areas and parking lots well lit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Is there a procedure for changing locks when a tenant moves out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Is a contract for snow removal in effect? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do any of the surrounding or nearby occupancies present an increased exposure for the applicant or insured premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does the lease require the tenants to provide building coverage and / or maintain boilers, heating, plumbing, electrical, parking lots or other common areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Is there any remodeling or construction planned or in progress? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Building Renovations at this location: | Plumbing Year: _____ Heating Year: _____ |
| 16. Total square footage of the building(s): _____ | 17. Total Annual Receipts / Rents at this location: _____ |
| 18. Roof type: <input type="checkbox"/> Shake <input type="checkbox"/> Composite <input type="checkbox"/> Tile <input type="checkbox"/> Other | 19. Distance from the coastline (AL, TX and VA only): _____ mi. |
| 20. Provide the names and description of service(s) provided for each tenant. | |
| Remarks (Please include the question number): | |

Earthquake Information

(Answer only if Earthquake coverage is desired)

| | |
|--|--|
| 21A. Are there any signs of pre-existing damage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21B. Is the risk located on a hillside? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Earthquake Remarks: | |

Cross Marketing Opportunities

Are there companion "Farmers" policies written on this account? If **Yes**, indicate the policy number. If **No**, indicate the X-Date on the current policy.

| | | |
|----------------------|---|---------------------------|
| Workers Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Policy Number: X-Date: |
| Commercial Umbrella | <input type="checkbox"/> Yes <input type="checkbox"/> No | Policy Number: X-Date: |
| Pollution Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Policy Number: X-Date: |
| Business Life | <input type="checkbox"/> Yes <input type="checkbox"/> No | Policy Number: X-Date: |

Notice of Insurance Information Practices

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our Agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska or Virginia.

Virginia - It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

| | |
|------------------------|-----------------------|
| Applicant's Signature: | Producer's Signature: |
| Date: | Date: |

Commercial Real Estate Supplemental Application - Additional Locations

(Attach a separate page for each additional location)

| Location Information LOC _____ | | | | | |
|---|-------|--|---------------|--|-------|
| Location Address: | | | | | |
| City: | | | | State: | ZIP: |
| Year Built: | | Territory: | | Building Amount: | |
| Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive | | Protection Class: | | Contents Amount: | |
| | | Annual Increase Building (if other than 4%): <input type="checkbox"/> 2% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% | | Liability Limit: <input type="checkbox"/> \$500,00 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 | |
| | | Annual Increase Contents (if other than 4%): <input type="checkbox"/> 2% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% | | Wind and Hail Percentage Deductible (where available): <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> Exclude Wind and Hail | |
| | | Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Optional Coverages | | | | | |
| Coverage | Limit | Coverage | Limit | Coverage | Limit |
| Building Ordinance Cov B | | Earthquake Sprinkler Leakage | | Hired Auto | |
| Building Ordinance Cov C | | Employee Benefits Liability | | Non-Owned Auto | |
| Business Income from Dependent Properties (<i>available on Premier only</i>) | | Employee Liability | | Outdoor Fences and Walls | |
| | | Fine Arts Coverage | | Utility Service Direct Damage | |
| Directors and Officers Liability | | Glass Deductible Buy Back | | Utility Service Time Element | |
| Earthquake | | | | | |
| Risk Characteristics | | | | | |
| 1. Is a professional property management company used at this location? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Is the original building(s) designed for the type of operation being conducted at this location? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Is the applicant responsible for the parking lot? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Building improvements / Renovations at this location: | | Wiring Year: | Roofing Year: | | |
| 5. Indicate the percentage of the building(s) that are occupied: | | | | % | |
| 6. Does any tenant conduct Manufacturing operations at this location? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Remarks: | | | | | |
| Location Level Underwriting Information | | | | | |
| 7. Are all occupancies eligible operation in other Selected Industries programs? If No, explain in Remarks. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Are all common areas in good repair, including all floor coverings, sidewalks, parking lots, etc.? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Are exterior areas and parking lots well lit? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Is there a procedure for changing locks when a tenant moves out? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Is a contract for snow removal in effect? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|----------------|--|
| 12. Do any of the surrounding or nearby occupancies present an increased exposure for the applicant or insured premises? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does the lease require the tenants to provide building coverage and / or maintain boilers, heating, plumbing, electrical, parking lot or other common areas? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Is there any remodeling or construction planned or in progress? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Building Renovations at this location: | Plumbing Year: | Heating Year: |
| 16. Total square footage of the building(s): | | 17. Total Annual Receipts / Rents at this location: |
| 18. Roof type: <input type="checkbox"/> Shake <input type="checkbox"/> Composite <input type="checkbox"/> Tile <input type="checkbox"/> Other | | 19. Distance from the coastline (AL, TX and VA only): mi. |
| 20. Provide the names and description of service(s) provided for each tenant. | | |
| Remarks (Please include the question number): | | |
| Earthquake Information (Answer only if Earthquake coverage is desired) | | |
| 21A. Are there any signs of pre-existing damage? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21B. Is the risk located on a hillside? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Earthquake Remarks: | | |
| <p>Notice of Insurance Information Practices</p> <p>Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our Agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.</p> <p>Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska or Virginia.</p> <p>Virginia - It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p> | | |
| Applicant's Signature: | | Producer's Signature: |
| Date: | | Date: |