

Commercial Lines of Insurance Application

Business Name: _____ Phone: _____
 Location Address: _____
 County: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____
 Current Insurance Company: _____
 Current Premium: _____

<u>PROPERTY:</u>	Location 1	Location 2	Location 3
Building Value _____	\$ _____	\$ _____	\$ _____
Business Property _____	\$ _____	\$ _____	\$ _____
Business Income _____	\$ _____	\$ _____	\$ _____
Computer Coverage _____	\$ _____	\$ _____	\$ _____
Consumer Goods _____	\$ _____	\$ _____	\$ _____
Construction Type _____ <i>(Wooden, Brick, or Other)</i>	_____	_____	_____

General Liability:
 Limit of Liability _____ \$
 Per Occurrence _____ \$
 Aggregate _____ \$
 Sales _____ \$

Do you own any other businesses? Yes No What Type? _____
 How Long? _____

AUTOMOBILE:

Where Garaged? City/State	Cost New	Year	Make	Model	GVW
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

Limits of Coverage: Please indicate the current level of coverage, or deductible.

Liability	Med Pay	Um/Un	PIP	Comp	Collision
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

WORKERS COMPENSATION: Owner Covered? Yes No

Payroll _____	\$ _____
Owner Salary _____	\$ _____
_____	\$ _____
Clerical _____	\$ _____
Salesman _____	\$ _____

Umbrella Coverage:
 Umbrella Limit _____ \$

List any losses which occurred in the last three years:

***Thank You for Choosing Cailor Fleming & Associates for Your Insurance Needs.
 Please Complete Form and Mail to:
 Cailor Fleming Insurance
 P.O. Box 3989, Youngstown, Ohio 44513***