

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Commercial Property & General Liability Application - Small Package

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Requested Effective Date: _____

Applicant's Name:	For Office Use Only
Doing Business As (DBA):	SBM: _____
Address:	SBM: _____
City: State: Zip:	SBM: _____
Phone: Fax:	SBM: _____

PLEASE ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits of Liability

Indicate the Limit of Liability requested: \$100,000 \$300,000 \$500,000 \$1mil

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

Number of years in business: _____ Number of Years in management in this type of business: _____

Describe all business operations conducted by applicant: _____

Property:

Owner or Tenant Occupied: _____

Inside/Outside City Limits: _____ Feet to fire hydrant _____

Miles to fire dept. _____ Year Built: _____

Update Year for Plumbing _____ Electrical _____ Roof _____ AC/Heating _____

Type of Construction _____ # of Stores _____ Square Footage _____

Cause of Loss Coverage Form: Basic _____ Broad _____ Special _____

Special w/theft _____ (in order to get Special or Broad form building must 15 years or less or all updates must have been done within last 15 years)

Central Monitored Alarm System: Yes _____ No _____ (required for theft)

Building Coverage Amount \$ _____ Contents Coverage Amount \$ _____

(We need to know what the contents consists of, ie furniture, equipment, forklifts, etc.)

Description of Contents: _____

Prior Insurance Carrier _____ Prior Premium \$ _____

General Liability

Number of Employees: Full Time _____ Part Time _____

Does Insured use sub-contractors: Yes _____ No _____

Payroll for Employees \$ _____ # of Owners: _____ (Owner payroll @ \$31,900 each)

GL Class Code: _____ (If you know it)
Basis: Square Footage of Building _____ Annual Gross Sales \$ _____
Other: _____ # of Additional Insured _____ # of Waiver of Subrogation
Prior Insurance Carrier _____ Prior Premium \$ _____

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.