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1. Effective Date: _____ 2. Name of Present Carrier: _____ Mm/dd/yyyy _____

3. Applicant Business Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

E-mail: _____ Phone No: _____

Contact Name: _____ Contact No.: _____

4. Named Insured is: Individual
 Partnership
 Corporation
 Other: _____
(Please specify)

5. Interest of Insured: Owner Occupied
 Lessor
 Tenant Only

6. Years in Business: _____ 7. Federal Employers ID Number: _____

8. Business Description: _____

9. Total Annual Revenues: _____

10. Year Built: _____ 11. No. of stories: _____ 12. Construction Type: _____

13. Area (sq. feet rented): _____

14. Number of Employees (including owners & officers): Full Time: _____ Part Time: _____

15. If building is more than 30 years old, please list years of Roof, Wiring, Heating & Plumbing updates:

(if information is not known, please give name and contact information of building manager).

16. Business Liability Limits of Insurance: \$500,000 \$1,000,000 \$2,000,000

17. Deductible: \$500.00 \$1,000 Other _____

18. Limit of Business Personal Property: _____ 19. Building Limit if Applicable: _____
(‘N/A’ if Tenant or Lessor)

20. Describe Any Losses in the last 3 (three) policy periods at each location. Include date, type of loss & amount paid:

check if no losses in 3 years.

21. Business Personal Property \$ _____ 22. Electronic Business Personal Property \$ _____

23. Is Hired/ Non-Owned Auto coverage desired: Yes No

24. If so, do drivers maintain set limits of insurance on their own personal insurance at set limits: Yes No

25. Sprinkler System: Yes No 26. Restaurant in Building? Yes No

27. Additional Named Insured's if Applicable: _____

27. Additional Locations:

Street: _____

City: _____ State: _____ Zip Code: _____

Year Built: _____ No. of stories: _____ Construction Type: _____

Area (sq. feet): _____

If building is more than 30 years old, please list years of Roof, Wiring, Heating & Plumbing updates:

(if information is not known, please give name and contact information of building manager).

29. Additional Requests/Information:

I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signed By: _____

Date: _____

Printed Name: _____

Title: _____