

Property Coverage - Sports Teams, Leagues, Schools & Clubs

APPLICANT INFORMATION

1. Legal Name Organization/Team: _____
2. Contact: _____
3. Mailing Address: _____
4. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
5. Email: _____ Website: _____

BUILDING/PROPERTY DETAILS

1. Describe your Location (Two Storey, Shopping Mall, Plaza, Other (please specify):
Age: _____
Total Area of Building: _____ (Sq. Ft.) Total Area of your Premises: _____ (Sq. Ft.)
2. Construction Details:
Wall: Concrete Block/Masonry Brick Veneer over Wood Frame/Siding
Roof: Steel Deck or Concrete Wood Joists Metal Clad
3. Latest Updates:
Roof: _____ Heat: _____
Plumbing: _____ Electric: _____
4. List of all Occupants in your Building:

5. Safety Measures (for your building/premises):
Sprinkler System: Yes No
Fire Alarm: Yes No
Burglar Alarm: Yes No
Alarms Monitored: Yes No
Number of Fire Extinguishers: _____
Smoke Detectors: Yes No
Fire Hydrants within 500 feet? Yes No
Is your business smoke free? Yes No
6. Present Coverage Limits required:
Building: _____ Contents: _____ Total: _____

DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

