



P.O. Box 5568
 Glen Allen, VA 23058-5568
 (804) 591-3700
 (800) 899-7973
 Fax: (804) 591-3735

Important - This Commercial Application is not a Binder of Insurance
 Coverage shall not be effective prior to date and time indicated in section 28 on the back of this application.

Please type or print clearly.

| | | | | | |
|--------------|--|---------------------------------------|--------------------------|--------------------------|------------------------|
| Producer: | | Applicant's Name and Mailing Address: | | Effective Date / / | Expiration Date / / |
| Phone Number | | Fax Number | Home Phone Number () | Work Phone Number () | Policy Number: |
| | | | | | Premium Submitted: \$ |

Location of Property

| | | | |
|--|---------|-------------|--------------------|
| Number: | Street: | City: | Zip: |
| Person inspector can contact in local area: | | Home Number | Work Number |
| Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership** <input type="checkbox"/> Corporation** <input type="checkbox"/> Other (explain)** | | | Years in business? |
| Insurable Interest: <input type="checkbox"/> Deeded Owner _____% <input type="checkbox"/> Lessee <input type="checkbox"/> Other (explain) | | | |

Complete this section if location above does not contain a street name and number.

| | | | |
|--|---------|--|--|
| Located on the <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | Side of | <input type="checkbox"/> Street <input type="checkbox"/> Road <input type="checkbox"/> Route | <input type="checkbox"/> Feet <input type="checkbox"/> Miles |
| <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West of <input type="checkbox"/> Street <input type="checkbox"/> Road <input type="checkbox"/> Route (Nearest intersecting) | | | |

Loss Payee / Mortgagee Information

| | |
|----------|--|
| Name: | <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee |
| Address: | City: Zip: |
| Name: | <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee |
| Address: | City: Zip: |

Subject of Insurance

| | | | | | |
|---|---|----------|---|---------------|--|
| Building | Co-Insurance | Contents | Co-Insurance | Loss of Rents | Monthly Limitation |
| \$ | <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | \$ | <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | \$ | <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> 1/12 |
| Perils: <input type="checkbox"/> Fire <input type="checkbox"/> Extended Coverage <input type="checkbox"/> Vandalism Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other _____ | | | | | |

Rating / Underwriting Information

| | | | |
|--|--------------------------------|-------------------------------|--|
| 1. Construction: | 2. # of Stories: | 3. Protection Class: | 4. Territory: |
| 5. List all occupancies: | | | 6. Total Area _____ sq. ft. |
| 7. Is there any spray painting on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 8. Property is: <input type="checkbox"/> Unoccupied <input type="checkbox"/> Totally Vacant <input type="checkbox"/> Part Vacant _____% <input type="checkbox"/> Under Renovation/Construction <input type="checkbox"/> Fully Occupied | | | |
| 9. Nearest Responding Fire Dept. _____ Miles | 10. Name of Fire Dept: | 11. List all Fire Protection: | |
| 12. Is there any unrepaired damage to the building? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 13. Is there any cooking done on the premises? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 14. Have any utilities been disconnected and/or account(s) unpaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 15. Are any real estate taxes delinquent? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 16. Has Applicant, Mortgagee, Loss Payee, or any person having a financial interest in the property ever been convicted of or indicted for the crime of arson or a crime involving a purpose to defraud an insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 17. Year Built: | 18. Purchase Date: ___/___/___ | 19. Purchase Price: \$ | 20. Annual Rental Income: <input type="checkbox"/> n/a <input type="checkbox"/> \$ |
| 21. Is any other insurance covering this property presently in force? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) | | | |
| 22. Prior Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of Company | | Expiration Date ___/___/___ | Policy Number |
| 23. List all losses in the past five years where the insured has had a financial interest. <input type="checkbox"/> Check here if the insured has had no losses. | | | |
| Date: ___/___/___ Amount of Loss: \$ Description: _____ | | | |
| Date: ___/___/___ Amount of Loss: \$ Description: _____ | | | |
| Date: ___/___/___ Amount of Loss: \$ Description: _____ | | | |
| 24. Why is this property being submitted to the Virginia Property Insurance Association? | | | |

It is a crime to knowingly 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.

COMMERCIAL COOKING SUPPLEMENT

| | |
|--|---|
| 25. Automatic fire extinguishing system <input type="checkbox"/> No <input type="checkbox"/> Yes | Service Contract <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 26. Exhaust system <input type="checkbox"/> No <input type="checkbox"/> Yes | Service Contract <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 27. Sprinkler system <input type="checkbox"/> No <input type="checkbox"/> Yes | Service Contract <input type="checkbox"/> No <input type="checkbox"/> Yes |

28. Request for Coverage or Premium Quote

Issue Policy
 Delayed Effective Date ___/___/___
 Provide Quote Only

Coverage will become effective on qualified property as of the first 12:01 a.m. (standard time) immediately following receipt by the Association of a properly completed and acceptable application, unless a later date is shown in the block above. If an application that meets our underwriting standards is received via facsimile machine, coverage will be effective as of the first 12:01 a.m. standard time immediately following receipt of such application. The applicant and/or producer must then submit the original application along with the full estimated annual premium within 10 days to avoid policy cancellation. The insurance afforded hereunder shall be subject to the terms and conditions of the policy forms prescribed for use in accordance with the rules of the Virginia Property Insurance Association.

29. Do you currently have any Flood Insurance on this property? No Yes, if yes please provide following information
 Company: _____ Policy Number: _____ Effective Date: ___/___/___ Expiration Date: ___/___/___

Important: A policy if issued, is in consideration of this application for insurance and the payment of premiums. I (We) agree to pay any additional premium that may be due as a result of an inspection and/or determination of proper rates. In signing this application I (We) certify that I (We) have an insurable interest in this property and that the foregoing answers and statements in this application are true and complete to the best of my (our) knowledge and belief. I (We) further understand that any concealment or misrepresentation of any material fact or circumstance hereon shall void any policy that may be issued to the extent permitted by law, I(We) authorize the disclosure of information contained in this application and information relating to any claim for loss under a policy under a policy issued pursuant to this application. Signed under the pains and penalties of perjury.

| | | | |
|-----------------------|---------|------|-------------|
| Applicant's Signature | Witness | Date | ___/___/___ |
|-----------------------|---------|------|-------------|

I certify that I am a Virginia licensed property and casualty insurance agent. I further certify that I have consulted with the applicant named above and that the answers provided are those given to me by the applicant. The answers of the applicant are to the best of my knowledge true and complete. In the event of any situation resulting in a return premium due, I agree to return my proportionate share of the commission on such return premium. My signature certifies that I am the designated representative of the applicant and not an agent of the Virginia Property Insurance Association and have no authority to act as such on the Association's behalf.

| | | | |
|-----------|----------------------------------|------|-------------|
| Name | Social Security Number | Date | ___/___/___ |
| Signature | Agency Tax Identification Number | | |