



**Property Section – Please complete separate pages 2 & 3 for each business location.**

Insured is: Building owner Building tenant Condominium owner Condominium tenant

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Square footage of the entire building: \_\_\_\_\_ Square feet you occupy: \_\_\_\_\_

Percentage of building you occupy: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Number of stories: \_\_\_\_\_ Is there a basement? Yes No

Building construction (i.e.: Brick, frame, etc.): \_\_\_\_\_ Sprinklers? Yes No

Are there smoke detectors in the building? Yes No Hard wired or battery? \_\_\_\_\_

Year the building was built: \_\_\_\_\_

If the building is older than 20 years, please advise if the following have been updated:

Wiring: Renovation date: \_\_\_\_\_ Plumbing: Renovation date: \_\_\_\_\_

Roof: Renovation date: \_\_\_\_\_ Heating: Renovation date: \_\_\_\_\_

Surrounding exposures: Front: \_\_\_\_\_ Back: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

**Total coverage amount desired on the building you own:** \_\_\_\_\_

**Total coverage amount desired for business personal property (contents):** \_\_\_\_\_

To determine personal property amount, please complete chart below:

|  |    |   |    |
|--|----|---|----|
| Office furniture & contents                              | \$ | Office equipment (Including phone system, copiers, etc.)  | \$ |
| Medical equipment, imaging equipment, etc.               | \$ | Computers, & related computer equipment   | \$ |
| Vaccines and medicines (value of perishable medications) | \$ | If leasing space – the value of improvements made to rented space (Build-outs, carpeting, cabinets, etc.) | \$ |

- Property deductible choice: \$250 \$500 \$1,000
- Do you have any individual piece of medical equipment valued over \$100,000.00? Yes No  
If yes, list equipment: \_\_\_\_\_ Value: \_\_\_\_\_
- Do you have any other property in your care, custody and control not included in the business personal property? \_\_\_\_\_
- How often are your computers backed up? \_\_\_\_\_ Is the back up data kept off-site? \_\_\_\_\_
- Describe any property losses during the last five years including dates, type of loss and amount paid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Crime Section**

Does the property have an alarm system?                      Yes            No  
     Local gong            Central station with keys            Central station without keys            Police connect  
 Maximum cash on premises: \_\_\_\_\_ Maximum cash with messenger: \_\_\_\_\_  
 Money kept on premises overnight: \_\_\_\_\_ Frequency of Deposits: \_\_\_\_\_  
 Do your employees make the deposits?    Yes            No    Do they use their own vehicles?    Yes            No  
 Do you have a safe on the premises?        Yes            No    If yes, what type? \_\_\_\_\_  
 Do exterior doors have double cylinder dead bolts?        Yes            No  
 Exterior lighting:        Front            Back    Wire Mesh or bars:            Doors            Windows  
 Describe any theft losses during the last five years: \_\_\_\_\_

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**Leinholders & Additional Insureds Section**

Additional interests:        Mortgagee            Lease Equipment            Loss Payee            Landlord  
 Provide complete name and address: \_\_\_\_\_

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**Remarks or additional information:** \_\_\_\_\_

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**How did you hear about MSVIA?** \_\_\_\_\_

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## Umbrella Policy

Limit Requested:      \$1,000,000      \$2,000,000      \$3,000,000      \$4,000,000

Other insurance policies currently in force:

|                             | Company name | Policy # | Exp. date | Liability limit |
|-----------------------------|--------------|----------|-----------|-----------------|
| Business Auto policy        |              |          |           |                 |
| Workers Compensation policy |              |          |           |                 |
| ERISA Bond                  |              |          |           |                 |

### Other optional coverages available:

Please note that a separate application may be required for some of the optional coverages listed below:

- |   |     |    |
|---|-----|----|
| • Hired autos & non-owned auto liability  | Yes | No |
| • Hired auto physical damage  | Yes | No |
| • Water sewer & backup coverage   | Yes | No |
| • Water legal liability coverage  | Yes | No |
| • Medical waste defense reimbursement   | Yes | No |
| • Per diem business income ( <i>pre-specified daily amount</i> )<br>If so, amount: _____                    | Yes | No |
| • Employment practices liability<br>( <i>suits for inappropriate hiring, firing, discrimination, etc.</i> ) | Yes | No |
| • Employee benefits liability   | Yes | No |
| • Fiduciary liability   | Yes | No |
| • ERISA bond  | Yes | No |
| • Commercial auto policy  | Yes | No |
| • Earthquake coverage   | Yes | No |
| • Flood insurance   | Yes | No |
| • Other coverage requests: _____  |     |    |

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading any fact material thereto, commits a fraudulent insurance act which is a crime.

**Medical Society of Virginia Insurance Agency**  
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