

ARGENIA, LLC

COMMERCIAL PROPERTY APPLICATION

Originating Broker: _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Fax:** _____

Applicant's Name: _____ **Contact:** _____
Address: _____ **Phone:** _____
City/State/Zip: _____ **County:** _____
Property Location (if different from above): _____
More than one Building: Yes No (if yes, complete separate apps for each additional building/location)

Type of Business at Location: _____ **Occupied As:** _____
Years of Business at Insured Location: _____ **Protection Class:** _____ **Year Built:** _____ **Construction:** _____
Square Footage: _____ **Number of Stories:** _____ **Type of Heat:** _____
Building Updates: Roof – Year: _____ **Plumbing – Year:** _____ **Heating – Year:** _____ **Wiring – Year:** _____
Check any of the following safeguards that apply
 Smoke Detectors Sprinkler System Ansul System Central Station Burglar Alarm

Prior Carrier Information: _____
Any Prior Losses: Yes No **Has applicant been cancelled or non-renewed:** Yes No
Explain all yes answers: _____

<u>Limits</u>	<u>Coverages</u>
Building \$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Other _____
Contents \$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special (<input type="checkbox"/> Including Theft <input type="checkbox"/> Excluding Theft) <input type="checkbox"/> Other _____
Other \$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special (<input type="checkbox"/> Including Theft <input type="checkbox"/> Excluding Theft) <input type="checkbox"/> Other _____
Total Coverage \$ _____	Premium \$ _____ Deductible \$ _____ Wind/Hail Deductible \$ _____

Leinholder: _____
Address: _____ **City/State/Zip:** _____

The undersigned certifies the above statement to be true, and has not knowingly suppressed or misstated any material facts. The undersigned further understands that the above statements form a basis of acceptance by the insurance company and that any material misrepresentation or concealment may void payment of claim and/or insurance coverage. Disclosure to Surplus Lines Insured. Only applicable to non-admitted business. The undersigned acknowledges that he/she has been informed that the insurance risk for which he/she desired coverage has been placed pursuant to the Surplus Line Insurance Law; and that he/she understands that the insurance company's rates and form are not subject to the review of the Arkansas Insurance Department, that the protection of the Arkansas Property and Casualty Guaranty Act does not apply to policies written pursuant to the Surplus Line Insurance Law, and that a tax of 4% is required by law to be collected on all surplus line insurance premiums.

Date _____
 Applicant's Signature: _____
 Broker: _____
 Requested Effective Date: _____

- Binding**
- 1) Application must be complete in entirety and signed by applicant to be accepted.
 - 2) Application will be bound upon #1 above and the postmark date of the envelope mailed to Argenia, with the following exceptions:
 - 3) Application may be bound prior to postmark date, if #1 is met; upon date application is received via fax by Argenia, LLC.