



SHIELD PRO

PROPERTY

Commercial Insurance Group LLC
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Colorado Springs, CO 80905
855-900-2960
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PROPERTY INSURANCE APPLICATION
SKIP 1-6 if Acord 125 is attached

1. Proposed Insured _____

2. Physical Address:

Street _____ City _____ State _____ Zip _____

CEO Name _____ Phone # _____ Fax # _____ Email _____

CEO Name _____ Phone # _____ Fax # _____ Email _____

Website _____

Person to Contact for Inspection _____ Phone # _____

3. Insured is: Individual Partnership Corporation, for profit Corporation, nonprofit Trust LLC

4. Current Property Insurance:

Insurance Company: _____ Expiration Date _____ Premium _____

5. Have there been any losses in the last five years? Yes No If yes, list below:

Description of loss	Date of Loss	Amount Paid or Reserved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has any company cancelled or declined to renew insurance? Yes No (Not applicable to Missouri applicants)
If yes, please explain.

7. Number of locations: _____ Attach Location Description for each location to be insured. (See page 2 of application)

LOCATION DESCRIPTION

Provide the following information for each location to be insured. Photocopy if necessary.

8. Premises location (include county): _____

9. Full name and complete address of:

Mortgage _____

Loss Payee _____

10. Description of operations at this location.

11. Construction: Frame Joisted Masonry Non-Combustible Other _____

Condition of Building _____ # of Stories _____ Wood Shake Roof? Yes No

Miles to Fire Station _____ Feet to Fire Hydrant _____ Distance from Ocean/Gulf _____

Year Built _____ Dates of Upgrades (if over 15 years) Wiring _____ Heating _____ Plumbing _____ Roof _____

Protection Class _____ Total Area _____ Insured's Area _____

Protection Equipment & Services in Operation:

Automatic Sprinklers Yes No

Smoke / Fire Alarms Yes No

Burglar Alarms Yes No

Watchman Yes No

12. Coverage & Limits for Each Location:

Building # _____ (there may be more than one building per location)

Building Amount \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Personal Property of Insured \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Contractor Equipment (to be scheduled): \$ _____

Contractor Tools (value under \$2000 per item): \$ _____

Garage Heavy Equipment (to be scheduled): \$ _____ (this includes lifts, hoists and non-movable equipment)

Garage Scheduled Equipment (to be scheduled): \$ _____ (total value of equipment over \$2000 per item)

Garage Tools (all items less than \$2000 per item): \$ _____ (hand tools, small items)

Business Income \$ _____

Extra Expense \$ _____

Valuable Papers \$ _____

Accounts Receivable \$ _____

Exterior Signs \$ _____

Minicomputer / EDP (100% Coinsurance) Hardware \$ _____ Software \$ _____ Extra Expenses \$ _____
(attach schedule)

Glass (attach schedule) Yes No

Replacement Cost Building Yes No

Pers. Prop. Yes No

Money and Securities Coverage Yes No If yes, provide limits Inside \$ _____

(attach Acord crime application) Outside \$ _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable to Nebraska, Oregon or Vermont applicants)

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): 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.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE: _____
(Must be signed by the Executive Director)

TITLE: _____

DATE: _____

(Please print or type name)

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.

PRODUCER: Will you make the surplus lines filing for this policy? ____ Yes ____ No

Your Surplus Lines License Number _____ (_____)