

Buschbach Insurance Agency, part of the InsureOne Family
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Oak Lawn, Illinois 60453-6504
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Company _____

COMMERCIAL APPLICATION PROPERTY AND/OR LIABILITY

ORDER
 QUOTE ONLY

1. Name of Applicant: _____

2. Mailing Address: _____

3. Applicant is: Individual Partnership Corporation Other _____

4. Policy Period: From _____ To: _____

5. Location of Premises: _____ 6. Occupancy of Premises: _____

Sq. Ft. area _____ Gross Sales _____
Units _____ Total Cost _____
Payroll _____ Other _____

7. Mortgagee/Contract Seller: _____

8. Property: Basic Broad Special

	<u>Limit of Liability</u>	<u>Coinsurance</u>
Building	\$ _____	_____
Personal Property	\$ _____	_____
Business Income	\$ _____	_____
Improvements & Betterments	\$ _____	_____
Other	\$ _____	_____

9. Commercial General Liability Limits:

General Aggregate	\$ _____
Products/Completed Operations Aggregate	\$ _____
Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____
Fire Damage (any one fire)	\$ _____
Medical Expense (any one person)	\$ _____

Construction & Condition (Pictures are of great value in risk analysis)

Construction _____ Age _____ Heating _____ Type _____

Number of Stories: _____ Sq. Ft. Area _____ Space Heaters? _____ On steel pads? _____

Protective Service or Devices: Yes No Electrical _____ Circuit Breakers Fuses

If yes, please describe: _____ Plumbing _____ Roof _____

Previous Carrier: _____

Policy #: _____

Number of losses in last 3 years _____ Explain: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Broker: _____ Code: _____ Inspection Contact: _____

Phone No.: _____ Date _____ Phone No.: _____

SIGNATURE: **X** _____ **X** _____

Applicant

Broker

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.