



BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.	UNDERWRITER:	DATE:	
PRODUCER:	DATE BOUND:	TIME BOUND:	
ADDRESS:	POLICY NUMBER:		
	EFF DATE:	EXP DATE:	
PHONE:	PREMIUM:	POLICY FEE: \$25.00	
PRODUCER CODE:	PRODUCER ID:	TOTAL PREMIUM :	

APPLICANT INFORMATION

NAMED INSURED:				
MAILING ADDRESS:				
CITY:	COUNTY:	STATE:	ZIP:	
INDIVIDUAL <input type="checkbox"/>	PARTNER SHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:
INSPECTION CONTACT:			PHONE:	
BUSINESS OF INSURED (DESCRIBE):				

LOC#: _____ **BUILDING#:** _____

STREET:		CITY:	COUNTY:	STATE: FL	ZIP:
Exposure	Limit	Coins %	Valuation	Deductible	
Building	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC ___% wind	\$_____ AOP	<input type="checkbox"/> Wind Excluded
Business Personal Property	\$		ACV ___% wind	\$_____ AOP	<input type="checkbox"/> Wind Excluded
Business Income w/ee	\$	None	Monthly limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		
Outdoor Signs	\$	Deductible 5% all perils - Subject to Minimum Deductible \$ 1,000			

CAUSES OF LOSS - Building		
<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special

CAUSES OF LOSS - Business personal property		
<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	
<input type="checkbox"/> Special Excluding Theft		

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Smoke alarm in each unit?			Construction:	Protection Class:
Fire Alarm?			Year Built:	Square Footage:
Fire extinguishers in common areas?			No Stories:	
			Building updates (include year):	
			Wiring?	Plumbing?
			Heating?	Roof?

ADDITIONAL INTEREST	
Interest	Name and address:
<input type="checkbox"/> Loss payee	
<input type="checkbox"/> Mortgagee	

LOC#: _____ BUILDING#: _____

STREET:		CITY:		COUNTY:		STATE: FL ZIP:	
Exposure	Limit	Coins %	Valuation		Deductible		
Building	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$_____ AOP	<input type="checkbox"/> Wind Excluded
Business Personal Property	\$		ACV		___% wind	\$_____ AOP	<input type="checkbox"/> Wind Excluded
Business Income w/ee	\$	None	Monthly limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6				
Outdoor Signs	\$	Deductible 5% all perils - Subject to Minimum Deductible \$ 1,000					

CAUSES OF LOSS - Building

Basic Broad Special

CAUSES OF LOSS - Business personal property

Basic Broad

Special Excluding Theft

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:		
Smoke alarm in each unit?			Construction:	Protection Class:		
Fire Alarm?			Year Built:	Square Footage:		
Fire extinguishers in common areas			No Stories:			
			Building updates (include year):			
			Wiring?		Plumbing?	
			Heating?		Roof?	

ADDITIONAL INTEREST

Interest	Name and address:
<input type="checkbox"/> Loss payee	
<input type="checkbox"/> Mortgagee	

COMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	
GENERAL AGGREGATE	\$	
PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$	
PERSONAL AND ADVERTISING INJURY	\$	
EACH OCCURENCE	\$	
DAMAGE TO RENTED PREMISES (EACH OCCURENCE)	\$	← MAX LIMIT AVAILABLE \$50,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$	← MAX LIMIT AVAILABLE \$1,000/10,000

SCHEDULE

CLASSIFICATION	CLASS CODE	PREMIUM BASIS SALES

BUSINESS INFORMATION

	Yes	No
Swimming pool?		
Life safety equipment available at pool site?		
Diving boards?		
Slides?		
Is the pool completely surrounded by a building, wall or fence?		
Are gates or door openings into the pool area equipped with a self-closing and self-latching device?		
Are the depth marking clearly shown?		
Are warning signs and rules posted and clearly visible?		
Is the pool maintained by applicant?		
Is the pool maintained by out side contractor?		
On/Off switch to pump clearly and conspicuously labeled and location of pump clearly identified?		
Proper suction drain covers installed?		
Boat docks or slips?		
Lake?		
Play grounds?		
Saunas/hot tubs?		
Sports courts (tennis, basketball, volleyball, etc)?		
Security guards?		
Room doors have viewing devices (peep holes)?		
Room doors, have dead bolt lock, and door chains?		
Adjoining room doors have deadbolt locks?		
Sliding glass doors have security bars or poles within door tracks?		
Do rooms contain security instructions for guests?		
Do any units contain kitchenettes?		
Any units rented for less than 24 hrs?		
Restaurant?		
Is Restaurant owned or operated by others?		
Is there an Ansul System?		
Is restaurant sprinklered?		
Ansul system service agreement in place?		

ADDITIONAL INSURED Explain Interest

NAME:	SPECIFY INTEREST:
ADDRESS:	
NAME:	SPECIFY INTEREST:
ADDRESS:	

Agent to provide company with a copy of each certificate of insurance issued

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrence that may give rise to claims for the prior 3 years check here if none

Date of occurrence	Type of occurrence	Amount Paid	Claims Open	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Any Policy or coverage declined, cancelled or non renewed during the prior 3 years Yes No
 If yes, explain

Personal information about you may be collected from persons other than you, such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization, you have the right to review your personal information in our files and can request correction of any inaccuracies a more detailed description of your right and our practices regarding such information is available upon request. Contact you agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. the Agent has no right to MAKE, ALTER, MODIFY or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the downpayment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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 of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is () Bound Effective ____ (Time) ____ (Date) ____ () Not Bound

I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____