



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

**APPLICANT INFORMATION**

<b>NAMED INSURED:</b>			
<b>MAILING ADDRESS:</b>			
<b>CITY:</b>	<b>COUNTY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<input type="checkbox"/> OWNER ASSOC	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> ESTATE OR TRUST
<b>INSPECTION CONTACT:</b>		<b>PHONE:</b>	
<input type="checkbox"/> APARTMENTS		<input type="checkbox"/> CONDOMINIUM	

**LOC#:** \_\_\_\_\_ **BUILDING#:** \_\_\_\_\_

<b>STREET:</b>	<b>CITY:</b>	<b>COUNTY:</b>	<b>STATE: FL</b>	<b>ZIP:</b>
<b>Exposure</b>	<b>Limit</b>	<b>Coins %</b>	<b>Valuation</b>	<b>Deductible</b>
Building	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC \$ _____ AOP	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> _____% Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded
Business Personal Property	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC \$ _____ AOP	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> _____% Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded
Loss of rents	\$	None	Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	
<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Non Comb <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame				
Minimum distance between structures: _____ feet.				
Number of units: _____				

**CAUSES OF LOSS - Building**

Basic  Broad  Special

**CAUSES OF LOSS - Business personal property**

Basic  Broad  
 Special Excluding Theft  Special Including Theft

	<b>Yes</b>	<b>No</b>	<b>Distance to responding fire station:</b>	<b>Distance to fire hydrant:</b>
Sprinklered			<b>Construction:</b>	<b>Protection Class:</b>
Fire Alarm			<b>Year Built:</b>	<b>Square Footage:</b>
Smoke Alarms			<b>No Stories:</b>	
Battery operated smoke detectors			<b>Distance to body of water:</b>	
Hard wire smoke detectors			<b>Building updates (include year):</b>	
			Wiring? <input type="checkbox"/>	Plumbing? <input type="checkbox"/>
			Heating? <input type="checkbox"/>	Roof? <input type="checkbox"/>

LOC#: \_\_\_\_\_ BUILDING#: \_\_\_\_\_

STREET:		CITY:		COUNTY:		STATE: FL ZIP:	
Exposure	Limit	Coins %	Valuation	Deductible			
Building	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$_____ AOP	____% Hurricane	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded	
Business Personal Property	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$_____ AOP	____% Hurricane	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded	
Loss of rents	\$	None	Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6				
			<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Non Comb <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame				
			Minimum distance between structures: _____ feet.				
			Number of units: _____				

CAUSES OF LOSS - Building

Basic
  Broad
  Special

CAUSES OF LOSS - Business personal property

Basic
  Broad  
 Special Excluding Theft
  Special Including Theft

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Sprinklered			Construction:	Protection Class:
Fire Alarm			Year Built:	Square Footage:
Smoke Alarms			No Stories:	No of apts:
Battery operated smoke detectors			Distance to body of water:	
Hard wire smoke detectors			Building updates (include year):	
			Wiring? <input type="checkbox"/>	Plumbing? <input type="checkbox"/>
			Heating? <input type="checkbox"/>	Roof? <input type="checkbox"/>

**Note: If additional locations, please complete additional application.**

PREMISES INFORMATION

	Yes	No
Is there an elevator?		
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 markings clearly shown?		
Are warning signs and rules posted and clearly visible?		
Is the pool maintained by applicant?		
Is the pool maintained by outside 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?		
Are you aware of any conditions, circumstances, defects or suspected defects which may result in a claim(s) against you?		
If yes give details?:		

COMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

CGL Property Damage Deductible \$500

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

SCHEDULE

CLASSIFICATION	CLASS CODE	PREMIUM BASIS PER UNIT

**PRIOR CARRIER INFORMATION**

<b>Category</b>	<b>Years:</b>	<b>Years:</b>	<b>Years:</b>	<b>Years:</b>
<b>Carrier</b>				
<b>Policy Number</b>				
<b>Limits</b>				
<b>Total Premium</b>				

**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"/>
				<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.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_