

**INSTRUCTIONS FOR COMPLETING APPLICATION
FOR COMMERCIAL FIRE INSURANCE**

(Numbers correspond to the items on page 1 & 2)

Agent name, license number and signature are required. Insured signature is required.

- 6. Type of occupancy: Provide the type of occupancy (examples: Church, Barber Shop).**
- 7. Square Footage is required. Year of Construction is required.**
- 8. Type of Construction is required.**
- 10. Amount of Insurance Requested is required.**
- 11. Deductible amounts: Select from \$500, \$1,000, \$2,500, \$5,000, \$10,000, 25,000, 50,000 or 75,000.**
- 13. Co-Insurance Applicable: Select 80%, 90% or 100%.**
- 14. Replacement cost coverage is optional. It is an additional 25% premium for Building and an additional 25% premium for Contents.**
- 15. Business Income coverage is optional. It is available for an additional premium. Enter the requested amount of coverage and the monthly limitation.**
- 16. Primary Coverage: Primary coverage applies when GUA insures the first layer of coverage up to our limit and another company writes excess of the GUA limit. When Primary coverage applies, complete #10 with the requested amount you need GUA to write and #16 with the total amount of coverage on Building and Contents. Also provide the Excess Company Name. You must provide a copy of the excess coverage policy once obtained. The Coinsurance is waived and the Other Insurance clause is waived.**
 - Example of Primary coverage: On a \$5 million Building, GUA writes the first \$2 million of coverage (our limit). The Insured has excess coverage through another Company for the remaining \$3 million.**
- 17. Loss History: If there are no claims, enter "NONE". Provide details for all claims including cause and origin (if it was a fire) as well as amounts paid, dates and repairs made.**
- 18. Mortgagee: For each Mortgagee, provide the Name, Mailing Address and Loan Number. If needed, attach a separate page for additional mortgagees.**
- 19. We need the name of two companies who have denied coverage and the reason.**

Hurricane Underwriting Restrictions: No request for increased coverage or new application shall be accepted at any time or period of time during which there exists any portion of a hurricane designated by the U.S. National Weather Service, National Hurricane Center or any successor thereto within the boundaries of 70 degrees west longitude and 20 degrees north latitude until the expiration of 24 hours after such hurricane warning has been lifted.

Coverage begins at 12:01 a.m. the day after payment is received by this Association.

We do not accept personal checks. Payment must be made by a licensed agent or licensed lending institution or by money order, cashiers check or certified check.

APPLICATION FOR COMMERCIAL FIRE INSURANCE

This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION

415 Horizon Drive, Suite 200, Suwanee, GA 30024-3186
770-923-7431 Fax 770-717-8620 www.GeorgiaUnderwriting.com

Name of Agency

Address

City State Zip

Fax _____ Phone: _____

Email: _____

I hereby certify that I am a licensed Agent of Georgia.

License No. _____ Expiring _____

In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

Producer of Record Signature _____

1) Applicant's Name: _____ Phone: _____

2) Applicant's Mail Address: _____
City: _____ State: _____ Zip: _____

3) Location of Property: _____ County _____
City: _____ State: GA Zip: _____ City Limits: Inside Outside

4) Name of and distance to Fire Station: _____

5) Within 1,000 Feet to standard fire hydrant? Yes No

6) Type of occupancy: _____

7) Square Footage: _____
Year of Construction: _____

- 8) Type of Construction: Frame
 Joisted Masonry
 Non-Combustible
 Masonry Non-Combustible
 Modified Fire Resistive
 Fire Resistive
 Mobile Home

9) Coverage Requested is for a Basic
Commerical Fire Policy:
 Group I
 Group II

10) Indicate Amount of Insurance Requested:
Building \$ _____
Contents \$ _____

11) Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$75,000

12) Is this for a Builders Risk? Yes No Is this for a Rehab property? Yes No Vacant: Yes No

13) Co-Insurance Applicable: 80% 90% 100%

14) Optional: Replacement cost coverage: Building Contents

15) Optional: Business Income Amount: _____
Monthly Limitation: 1/3 1/4 1/6

16) GUA offers to be the Primary carrier when coverage needed is in excess of our \$2,000,000 limit per Building. Refer to the explanation of Primary Coverage on the Instruction page and provide the following:
Total Value of: Building _____ Contents _____ Excess Company Name _____

17) List all losses (property, liability or theft) or enter NONE. Attach a separate page if necessary.

<u>Cause & Origin</u>	<u>Date</u>	<u>Total Claim Amount</u>	<u>Company Payment</u>	<u>Location</u>	<u>Repairs</u>

18) Mortgagee Name & Address: _____

Loan # _____ (Attach a separate page to list additional Mortgagees)

19) List two companies who have denied coverage and give reason:

20) If present or prior coverage with GUA, what is the policy number? _____

21) Requested Date of Coverage: _____

Applicant: Before signing below see “Certification of Applicant for Insurance”, “Fair Credit Reporting Act” and “Notification of Information Practices” on page 3.

Certification Acceptance Signature of Applicant _____ Date _____

TO RECEIVE A TENTATIVE QUOTE: Fax this Application to GUA.

FOR POLICY ISSUANCE: Remit Quote and completed Application, including signature of Agent and Applicant. Remit Appraisal if coverage exceeds \$299,000. Attach photos and agency check. No personal checks accepted.
Check # _____ Check Amount \$ _____

ATTACH A REPRESENTATIVE COLOR PHOTOGRAPH OF THE RISK – FRONT & BACK VIEW

CERTIFICATION OF APPLICANT FOR INSURANCE

This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, the Georgia Underwriting Association, the Insurance Services Office, nor any company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection of action report(s) to the Georgia Insurance Department, the Georgia Underwriting Association, Insurance Services Office, insurers and my (our) agent(s) or representative(s).

I (we) understand that if coverage is accepted by the Georgia Underwriting Association, the policy will become effective at 12:01 A.M. the day after the Georgia Underwriting Association has received payment of the premium. I (we) further understand that any Agent or Broker that has assisted me (us) in procuring this insurance is not an Agent of the Georgia Underwriting Association, and all actions taken by such Agent or Broker, including the submitting of this application, collecting of premiums, and delivering of policies, are taken solely on my (our) behalf.

By signing this application I (we) certify that I (we) have an insurable interest in the property and that all statements contained herein are, to the best of my (our) knowledge, true.

FAIR CREDIT REPORTING ACT

In accordance with the Federal Fair Credit Reporting Act (Public Law 91-508), this notice is to inform you that as part of our procedure for processing your Application for Insurance, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

NOTICE OF INFORMATION PRACTICES

In applying for insurance with the Georgia Underwriting Association you entrusted us with personal information about yourself. We may seek further information about you, and any person requesting insurance on the application, from other sources.

You have the right to know what kind of information we maintain on our files about you and may have access to that information. You have the right to receive a copy of all personal information we keep on you and if necessary the right to request the correction, amendment or deletion of incorrect information. No information will be disclosed about you without your consent unless the disclosure is necessary for us to conduct our business. Upon receipt of your request, we will furnish you with a more detailed notice of our information practices.

Georgia Underwriting Association
Checklist for Submitting Applications

- The following is being submitted:**
 - Completed application signed by agent and insured**
 - Mobile Home Tie Down form (if requesting Mobile Home Coverage)**
 - Photos of front and back of property (black & white photos are not acceptable)**
 - Appraisal (only needed if coverage is \$300,000 or more)**
 - A copy of the quote**
 - A copy of the Agent Premium Worksheet**
 - Payment is being submitted (as calculated on quote and premium worksheet)**
 - If there are no claims, I have entered “NONE” on #17 on the application. I have provided details for each claim, including cause and origin and a description of repairs made. I understand that GUA may ask for more details on all large or unusual claims.**

- I understand that personal checks are not accepted.
Agent check should be NET (gross premium less commission).**

- I am keeping a copy of everything that I am submitting for my own file.**

- I understand and have explained to my insured that no coverage is effective until GUA receives all completed and signed documents with proper payment. If my agency issues a binder or certificate of insurance, I understand that I am doing so through my agency, not through Georgia Underwriting Association. No agent has binding authority through this Association.**