

Property & Casualty (P&C) Insurance Application

To obtain an insurance quotation, please answer all questions completely and return via fax to 847-700-8119 or email to marketing@avalonrisk.com.

If a question does not apply to your business, please mark N/A or confact Avalon at 847/700-8100 with questions. Where applicable, please complete application for each covered location. To bind coverage, you will need to sign Acord and State Selector forms as required by state laws.

Full Legal Name of Insured and d/b/a									
Corporate Location Address									
Contact Name and Title									
Phone and Fax Numbers									
Website and Email Address									
Federal Employer ID# or SS#				ТО	Ti, MC, and DOT	license numbers			
Date of Incorporation					Corporate Status				
Total Sales/Gross Receipts		\$			Total Number of Employees (by state)				
Annual Warehouse Receipts		\$			Annual Trucking Receipts				
Description of Business (fully describe)							•		
List additional office locations									
Name and Address of Landlord									
Name and Address of Mortgagee									
Any other Additional Insureds?									
What is to the right of building?					What is to the left of building?				
What is in front of building?				W	What is behind the building?				
Office Square Footage				Is	Is office sprinklered?			Yes	□No
Office Payroll (Exclude Whs/Truck)		\$		Is	Is there a central fire alarm?			Yes	☐ No
Building Age/Year Built				0	Over 15 years, new roof/wiring?			Yes	☐ No
How many floors?				Is	Is there a basement?			Yes	☐ No
Building Construction/Protection Class				Is there a central burglar alarm?				Yes	☐ No
Warehouse Payroll		\$		Are there any security guards?				Yes	☐ No
Warehouse Square Footage				Do you provide long term storage?				Yes	☐ No
Entire Building Square Footage				Are you the only warehouse tenant?] Yes	☐ No
For warehouse locations, attach wareho		use application:		If no to any questions, please explain below or attach sheet:					
PROPERTY COVERAG	ES – If	more tha	n one locatio	n, p	lease specify I	imits for each loca	tion	or atta	ch list
Property Coverage	Prope	rty Limit	Cause of Loss		Valuation Coinsurance %		Deductible		
Building (owned locations)	\$						\$		
Contents (equipment)	\$						\$		
EDP (computers, software)*	\$						\$		
Mobile Equipment (forklifts) \$							\$		
Property of Others (bailee) \$							\$		
Business Income* \$									
Extra Expense* \$									
Crime* \$					and Analization	For Diamed FF much			

*For Inland Marine EDP coverage, please complete separate EDP Acord Application. For BI and EE quotations, please complete attached Business Income and Extra Expense Worksheets. For Crime, please complete attached Crime Application.