

MISCELLANEOUS COMMERCIAL ARTICLES APPLICATION

To be used where no other application for specific insurance is available

Name of Insured: _____

Mailing Address: _____

Business Address (If different from above): _____

Term of Coverage: Effective Date: _____ Expiration Date: _____

1. Description of goods to be insured: *Describe specifically or attach schedule if necessary*

2. Nature of business: _____ Years in business: _____

3. Total values: \$ _____ Casualty limit any one loss: \$ _____

4. Coinsurance percentage: *(Not less than 80%)* _____ %

5. Location(s): Aggregate value at all places of property to be insured: \$ _____

Limit any one location: \$ _____

(If locations are to be scheduled, see below.)

6. Loss payee: _____

RATING INFORMATION - SCHEDULED LOCATIONS

ADDRESS	OCCUPANCY OF LOCATION	AVERAGE VALUE	LIMIT OF LIABILITY	CONTENTS RATE COINSURANCE %		
				FIRE	E.C.	COINSUR

7. Construction of building(s): *(Indicate fire resistive, masonry, etc.)*

Is building(s) sprinklered? Yes No If yes, type of system: _____

PERILS COVERED

1. Coverage desired: *Select one*

Basic form - specified perils

Basic form plus Burglary and other perils. Describe other perils desired:

Basic form plus Theft and other perils. Describe other perils desired:

All Risks

2. Deductible desired: (*\$250 Mandatory*) \$ _____

PAST LOSS EXPERIENCE

1. Present carrier: _____ How long? _____

2. Prior loss history - list all losses for the past three years:

Date: _____ Cause: _____ Amount of loss: _____

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3. Has the insured been refused insurance or has coverage been canceled by any other companies in the past? Yes No

4. Has the applicant filed for bankruptcy, tax lien or gone into receivership in the past 5 years? Yes No

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____ Date: _____

Print Name: _____ Title: _____