

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
APPLICATION FOR COMMERCIAL FIRE INSURANCE INSPECTION AND PLACEMENT**

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

TWO CENTER PLAZA, BOSTON, MA 02108-1904

PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717

VISIT OUR WEB SITE - www.mpiua.com

THIS APPLICATION IS NOT A BINDER OF INSURANCE

UND INITIALS _____

DATE _____

APPROVED _____

REJECTED _____

PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED.

SEE ACORD 68 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

CHECK IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX

POLICY # :

1. APPLICANT(S) NAME & MAIL ADDRESS

2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT

NAME (AS IT SHOULD APPEAR ON POLICY)

NAME OF LICENSED BROKER/AGENT

#/STREET

#/STREET

CITY/STATE/ZIP

CITY/STATE/ZIP

NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY

TELEPHONE #

FAX #

CONTACT'S HOME TELEPHONE #

CONTACT'S BUSINESS TELEPHONE #

TAX IDENTIFICATION #

IF THERE ARE MULTIPLE APPLICANTS AND THIS APPLICATION IS ACCEPTED AND A POLICY ISSUED, THE FIRST NAMED APPLICANT SHOWN IN ITEM 1 ABOVE BECOMES THE "FIRST NAMED INSURED" AND HAS IMPORTANT RIGHTS AND RESPONSIBILITIES AS DESCRIBED IN THE COMMERCIAL FIRE INSURANCE POLICY AND, AS SUCH, WILL ACT ON BEHALF OF ALL OTHERS WITH RESPECT TO REQUESTING ANY CHANGES TO OR CANCELLATION OF THE POLICY.

3. LOCATION OF PROPERTY

STREET

CITY / STATE / ZIP

4. DESCRIPTION OF PREMISES AND COVERED PROPERTY (Include occupancy, construction, and number of units if applicable)

5. PRESENT OR PRIOR INSURER INFORMATION

PRESENT OR PRIOR INSURER

POLICY #

EXPIRATION DATE

LIMIT OF INSURANCE

BLDG \$

CONTENTS \$

6. NAME & ADDRESS OF MORTGAGEE(S)/LOSS PAYEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL LOSS PAYEES AND NON-INSTITUTIONAL MORTGAGE HOLDERS)

1.

2.

MORTGAGE HOLDER

LOSS PAYEE

MORTGAGE HOLDER

LOSS PAYEE

7. COVERAGES REQUESTED

| BUILDING | | | | | | YOUR BUSINESS PERSONAL PROPERTY | | | | | |
|---|--------------------|----------------|------------|-------------------|----------------------|--|----------------|------------|-------------------|----------------------|----|
| * COVERED CAUSES OF LOSS | LIMIT OF INSURANCE | CO - INSURANCE | DEDUCTIBLE | PROVISIONAL RATES | PROVISIONAL PREMIUMS | LIMITS OF INSURANCE | CO - INSURANCE | DEDUCTIBLE | PROVISIONAL RATES | PROVISIONAL PREMIUMS | |
| Fire, Lightning, Explosion | | | | GR. I | \$ | | | | GR. I | \$ | |
| | | | | GR. II | \$ | | | | GR. II | \$ | |
| TENANT RELOCATION EXPENSE: NO. OF UNITS? _____ | | | | | \$ | TOTAL BUSINESS PERSONAL PROPERTY PREMIUM | | | | \$ | |
| TOTAL BUILDING PREMIUM | | | | | \$ | ANNUAL TENTATIVE PREMIUM | | | | | \$ |
| * INDICATE ADDITIONAL CAUSES OF LOSS DESIRED BY AN "X" <input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION | | | | | | <input type="checkbox"/> VANDALISM <input type="checkbox"/> SPRINKLER LEAKAGE | | | | | |

8. BUILDING INFORMATION

BUILDING IS

OWNER OCCUPIED SEASONAL PARTIALLY VACANT/UNOCCUPIED UNDER REHABILITATION Letter of Intent Required

TENANT OCCUPIED VACANT/UNOCCUPIED IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %

| | | | |
|----------------------------------|---|-----------------------------------|---------------------------|
| ESTIMATED REPLACEMENT COST \$ | PRESENT MARKET VALUE (EXCLUDING LAND) \$ | DATE OF PURCHASE OF REAL PROPERTY | PURCHASE PRICE \$ |
| ACTUAL CASH VALUE \$ | YEAR BUILT | FIRE DISTRICT/TOWN | TERR CODE |
| | | PROTECTION CLASS | DISTANCE TO HYDRANT FT |
| | | DISTANCE TO FIRE STATION MI | CSP CODE |

