

## GENERAL INSURANCE APPLICATION

(214) 717-2192 david.judge@lawsonblevins.com (888) 843-2535 fax

### CONTACT INFORMATION

First Name

Last Name

Phone Number

Fax Number

Email

Web Address:

Mailing Address:

Street

City

State

Zip Code

Do you work from your home?

Yes  No

**What kind(s) of business insurance are you interested in purchasing?**

- Business Automobile  Business Owner's Policy  Directors & Officers ( D&O)  
 General Liability  Professional Liability/Errors & Omissions (E&O)  Property  
 Umbrella (Supplemental Liability)  Workers' Compensation

### COMPANY INFORMATION

Company Name

Company Type:

If Other, please specify:

Number of Employees (including yourself):

Years in Business?

Years experience in this type of business?

Estimated Annual Sales/Receipts (\$):

Estimated Total Annual Payroll (\$):

What is the value of your business personal property (\$) (Contents of your business)?

Description of your operations:

What is the physical address of your business?

Address

City  State  Zip Code

What is the total square footage of the building where your business is located?

What is the total square footage your company occupies within the building?

Do you lease space in the commercial building where your business is located?

Yes  No

What year was the building built where your business is located?

What is the construction type of the building where your business is located?

Wood  
Frame

Joisted  
Masonry

Masonry  
Non-Combustible

Fire  
Resistive

Do you have any current or prior coverage in place for your business?

Yes  No

If yes, who is the current carrier?

Expiration date:

Current annual premium:

Has your company ever been refused coverage in the past?

Yes  No

Has your company occurred any losses in the last 3 years?

Yes  No

If yes, please explain

Federal Employer ID Number

Liability Limit:  \$1,000,000  \$2,000,000

## SUBMIT APPLICATION

I certify that the above information is accurate and correct.

**Submit Application** Our staff will contact you shortly!

Preferred method of contact:

Phone  Email  Both

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Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [ny: substantial] civil penalties (not applicable IN CO, HI, NE, OH, OK, OR OR VT; IN DC, LA, ME, TN and VA, insurance benefits may also be denied

