



Aegina Pro Insurance Agency's Short-Form Application APPLICATION for Property & General Liability

1. Requested Effective Date: _____ 2. Name of Present Carrier: _____
mm/dd/yyyy

3. Applicant Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. Years in Business: _____ Years 5. Federal Employer ID Number: _____

6. Named Insured is: Individual
 Partnership
 Corporation
 Other: _____
(please specify)

7. Interest of Insured: Owner Occupant
 Lessor
 Tenant Only

8. Describe any losses in the last three years at each location. Include date, type of loss & amount paid:

9. Business Liability Limits of Insurance:

\$300,000 (minimum) \$500,000 \$1,000,000 \$2,000,000

10. Locations:

Primary Location:

Street: _____

City: _____ State: _____ Zip Code: _____

Secondary Location (If applicable):

Street: _____

City: _____ State: _____ Zip Code: _____



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11. Limit of Insurance: _____ 12. Building: \$ _____
(‘N/A’ if Tenant or Lessor)

13. Business Personal Property \$ _____ (Non-Computers) 14. Business Personal Property \$ _____ (Computers)

15. Describe Business: _____

16. Construction Type of Building: _____

17 No. of Stories: _____ 18 Year Built**: _____ 19. Area (sq. feet): _____

20. If building is more than 30 years old, please list years of Roof, Wiring, Heating & Plumbing updates.

(if information is not known, please give name and contact information of building manager).

21. Sprinkler System: Yes No 22. Restaurant in Building? Yes No

23. Is Hired/ Non-Owned Auto coverage desired: Yes No

23a. If so, do drivers maintain set limits of insurance on their own personal insurance at set limits: Yes No

24. Additional Named Insureds if Applicable: _____

25. Additional Requests / Information: _____

