

Non-Franchised Dealer Property Application



AmTrust North America
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

General Information

FEIN: _____

Name: _____ DBA: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Website address: _____

Contact name: _____ Contact phone number: _____

Effective date: _____ Expiration date: _____

Legal Entity:

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Description of Operations:

☐ Non-Franchise Dealer ☐ Wholesale Dealer

Please describe any other Businesses or Operations at these Locations:

Local Information

Location #1:

☐ Same as Mailing Address ☐ Other, see below:

Address:		
City:	State:	Zip:

Square feet: _____ Year built: _____ Number of stories: _____

Building updates: _____

Plumbing: ☐ Yes ☐ No Year of update: _____ HVAC: ☐ Yes ☐ No Year of update: _____

Electrical: ☐ Yes ☐ No Year of update: _____ Roof: ☐ Yes ☐ No Year of update: _____

Is the electrical panel manufactured by either Zinsco or Federal Pacific? ☐ Yes ☐ No

Construction: ☐ FRAME ☐ JM ☐ NC ☐ Masonry NC ☐ Modified fire resistive ☐ Fire resistive

Is the building sprinklered? ☐ Yes ☐ No

Does the building have a fire alarm? ☐ Yes ☐ No ☐ Local alarm ☐ Central station

Does the building have a burglar alarm? ☐ Yes ☐ No ☐ Local alarm ☐ Central station

Deductible Options: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ 1% ☐ 2% ☐ 5%

Co-insurance: ☐ 80% ☐ 90% ☐ 100%

Property / Inland Marine / Crime Coverages	Desired Limits	Valuation / Deductible
<input type="checkbox"/> Building	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> Other: _____ Deductible \$ _____
<input type="checkbox"/> Personal Property of the Insured	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> Other: _____ Deductible \$ _____
<input type="checkbox"/> Business Income Waiting Period Hrs: <input type="checkbox"/> 24 <input type="checkbox"/> 72	\$	<input type="checkbox"/> Monthly Limit <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> ALS Coins %: _____
<input type="checkbox"/> Employee tools	\$	Deductible \$
<input type="checkbox"/> Employee dishonesty	\$	Deductible \$
<input type="checkbox"/> Forgery	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Inside)	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Outside)	\$	Deductible \$
<input type="checkbox"/> Other – describe: _____	\$	Deductible \$

What is the building valuation based on?

What are the desired BPP limits based on?

What are the annual sales?

Local Information

Location #2:

☐ Same as Mailing Address ☐ Other, see below:

Address:		
City:	State:	Zip:

Square feet: _____ Year built: _____ Number of stories: _____

Building updates: _____

Plumbing: ☐ Yes ☐ No Year of update: _____ HVAC: ☐ Yes ☐ No Year of update: _____

Electrical: ☐ Yes ☐ No Year of update: _____ Roof: ☐ Yes ☐ No Year of update: _____

Is the electrical panel manufactured by either Zinsco or Federal Pacific? ☐ Yes ☐ No

Construction: ☐ FRAME ☐ JM ☐ NC ☐ Masonry NC ☐ Modified fire resistive ☐ Fire resistive

Is the building sprinklered? ☐ Yes ☐ No

Does the building have a fire alarm? ☐ Yes ☐ No ☐ Local alarm ☐ Central station

Does the building have a burglar alarm? ☐ Yes ☐ No ☐ Local alarm ☐ Central station

Deductible Options: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ 1% ☐ 2% ☐ 5%

Co-insurance: ☐ 80% ☐ 90% ☐ 100%

Property / Inland Marine / Crime Coverages	Desired Limits	Valuation / Deductible
<input type="checkbox"/> Building	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> Other: _____ Deductible \$ _____
<input type="checkbox"/> Personal Property of the Insured	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> Other: _____ Deductible \$ _____
<input type="checkbox"/> Business Income Waiting Period Hrs: <input type="checkbox"/> 24 <input type="checkbox"/> 72	\$	<input type="checkbox"/> Monthly Limit <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> ALS Coins %: _____
<input type="checkbox"/> Employee tools	\$	Deductible \$
<input type="checkbox"/> Employee dishonesty	\$	Deductible \$
<input type="checkbox"/> Forgery	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Inside)	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Outside)	\$	Deductible \$
<input type="checkbox"/> Other – describe: _____	\$	Deductible \$

What is the building valuation based on?

What are the desired BPP limits based on?

What are the annual sales?

Local Information

Location #3:

☐ Same as Mailing Address ☐ Other, see below:

Address:		
City:	State:	Zip:

Square feet: _____ Year built: _____ Number of stories: _____

Building updates: _____

Plumbing: ☐ Yes ☐ No Year of update: _____ HVAC: ☐ Yes ☐ No Year of update: _____

Electrical: ☐ Yes ☐ No Year of update: _____ Roof: ☐ Yes ☐ No Year of update: _____

Is the electrical panel manufactured by either Zinsco or Federal Pacific? ☐ Yes ☐ No

Construction: ☐ FRAME ☐ JM ☐ NC ☐ Masonry NC ☐ Modified fire resistive ☐ Fire resistive

Is the building sprinklered? ☐ Yes ☐ No

Does the building have a fire alarm? ☐ Yes ☐ No ☐ Local alarm ☐ Central station

Does the building have a burglar alarm? ☐ Yes ☐ No ☐ Local alarm ☐ Central station

Deductible Options: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ 1% ☐ 2% ☐ 5%

Co-insurance: ☐ 80% ☐ 90% ☐ 100%

Property / Inland Marine / Crime Coverages	Desired Limits	Valuation / Deductible
<input type="checkbox"/> Building	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> Other: _____ Deductible \$ _____
<input type="checkbox"/> Personal Property of the Insured	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> Other: _____ Deductible \$ _____
<input type="checkbox"/> Business Income Waiting Period Hrs: <input type="checkbox"/> 24 <input type="checkbox"/> 72	\$	<input type="checkbox"/> Monthly Limit <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> ALS Coins %: _____
<input type="checkbox"/> Employee tools	\$	Deductible \$
<input type="checkbox"/> Employee dishonesty	\$	Deductible \$
<input type="checkbox"/> Forgery	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Inside)	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Outside)	\$	Deductible \$
<input type="checkbox"/> Other – describe: _____	\$	Deductible \$

What is the building valuation based on?

What are the desired BPP limits based on?

What are the annual sales?

Prior Carrier / Loss History (minimum 3 years hard copy loss runs valued within 90 days of the policy effective date are required)

Prior Carrier	Policy Term	Policy Premium

Notes / Comments:

Producers Signature: _____

Date: _____

Applicant Signature: _____

Date: _____