



MISCELLANEOUS INSURANCE APPLICATION

Applicant Information

Business Name: _____ Corporation LLC

Mailing Address _____ Partnership Other

City: _____ State _____ Zip _____ Sole Proprietorship

Business Location Address
(if other than above mailing address) _____

City: _____ State _____ Zip _____ FEIN _____

Phone _____ Fax _____ Email _____

Type of Business / Description of Operations: _____

Contact Name: _____ Home Address _____

City: _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

** PLEASE COMPLETE THE FOLLOWING, Mandatory for underwriters approval **

Effective Date _____ Expiration Date _____ Any Area Leased to Others? Yes No

Prior Policy? Yes No Prior Insurance Carrier _____ Premiums \$: _____

Date Business Started _____ Years of Experience _____

Annual Sales / Gross Receipts (If new business, please estimate) _____ Square feet of Building _____

Any Policy/Coverages Declined, Cancelled or Non Renewed in Past 3 years? Yes No

Number of Owners _____ Payroll of Owners _____ Number of Employees _____ Total Payroll for Employees _____

General Liability *Complete if you require this type of insurance*

Please indicate your General Liability Limits:		Medical Expense (Any one person)	\$ _____
General Aggregate	\$ _____	Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____	Damage To Rented Premises (each occurrence)	\$ _____
Products & Completed Operations Aggregate	\$ _____	Employee Benefits	\$ _____

Worldwide Insurance Specialists Inc.
2424 W Missouri Ave
Phoenix, AZ 85015

Toll Free: 888-518-8011
Local: 602-749-0702
Fax: 602-674-8235

E-Mail: INSURANCE@WWISINC.COM



Property Liability *Complete If you require this type of insurance*

Business Building Liability Limit: \$ _____ Business Personal Property Limit: \$ _____

Number of Buildings _____ Own Rent Percent of building occupied? _____ %

Year Built _____ Square Feet: _____ # of Stories _____ # of Basements _____

Active Fire Alarm? Yes No Active Burglar Alarm? Yes No Active Sprinkler System? Yes No

Type of Roof: _____

<p>Year of last improvement / inspection:</p> <p>Wiring _____ Roofing _____ Plumbing _____</p> <p>Heating _____ Other: _____</p>	<p>Construction Type:</p> <p><input type="checkbox"/> Modified Fire Res <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Frame</p> <p><input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Joisted Masonry</p>
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Additional Interests

<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Loss Payee	Reason for Interest: _____
<input type="checkbox"/> Breach of Warranty	<input type="checkbox"/> Mortgagee	Name: _____
<input type="checkbox"/> Co-Owner	<input type="checkbox"/> Owner	Address: _____
<input type="checkbox"/> Employee As Lessor	<input type="checkbox"/> Registrant	City: _____ State _____ Zip _____
<input type="checkbox"/> Leaseback Owner	<input type="checkbox"/> Trustee	Phone _____ Fax _____
<input type="checkbox"/> Lien holder		Email _____ Waiver of Subrogation <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> _____		

Optional Coverage

Please check the following for additional coverages that may interest you. (All optional coverages require a Supplemental Application)

<input type="checkbox"/> Garage Liability / Garage Keepers	<input type="checkbox"/> Umbrella Liability	<input type="checkbox"/> Inland Marine
<input type="checkbox"/> Professional Liability / E & O	<input type="checkbox"/> Fiduciary Liability	<input type="checkbox"/> Cyber Liability
<input type="checkbox"/> Hired / Non-Owned Auto	<input type="checkbox"/> Long Haul Trucking	<input type="checkbox"/> D & O
<input type="checkbox"/> Employee Dishonesty	<input type="checkbox"/> Cargo Liability	<input type="checkbox"/> EPLI

Surety Bonds SS# _____ Type of Bond _____ Bond Amount: _____

Acknowledgement

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

Name (Please Print) _____	Title _____
Signature _____	Date _____

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