

Important Notice Changes 12/2015 Please read below

Please do not use the “Submit Form” button at the top of the application. If you submit the application using this button, your application will not be received. The application should be filled out and saved in a location that is easy to locate.

Once a Quick Quote has been filled out and you are ready to submit for processing, you can attach the application and (2) photos to the quote. A payment can be made once the Quick Quote has been successfully submitted referencing the Quick Quote number.

If you need further assistance with the Quick Quote, be sure to reference the Quick Quote Guide located in the GUA website according to product.

More Important Information 2016

We will no longer accept applications by mail, fax or e-mail. . These will be returned. Upload the application to the Instaquote.

Please include a current Cost Estimator/Valuation with all applications except Mobile Homes.

Other changes coming soon:

For property located in the 6 coastal counties of Bryan, Camden, Chatham, Glynn, Liberty and McIntosh a 2% Wind and Hail Deductible will now apply for all new business.

Note: If a new application is required this is considered new business.

For property that is eligible for replacement cost coverage, Homeowner/Dwelling Wind Hail, Commercial and Commercial Wind Hail, an Actual Cash Value Endorsement is now being used for older roofs (see appropriate application for age).

INSTRUCTIONS FOR COMPLETING APPLICATION
FOR COMMERCIAL FIRE INSURANCE

(Also includes important information and changes)

Agent name, license number and signature are required. Insured signature is required (see page 4).

Coverage should be placed in voluntary market if eligible.

All lines of information and signatures on application must be completed to process application.

2. **Type of Occupancy:** Describe the type of occupancy. Examples: Church, Barber Shop, Motel/Hotel (include # of units), Condo or Apartments (Include # of units. Note: 1-4 Families are considered Dwelling, not Commercial).
3. **Amount of Insurance Requested:** Building and Contents and Business Income coverage combined cannot exceed \$2 million. Maximum coverage for any complex or related set of buildings cannot exceed an aggregate of \$20 million and \$2 million per building. ***Please include a current Cost Estimator/Valuation with all applications.***
5. **Construction:** Select the box that corresponds to the type of construction.
6. **Open Sided Structure:** Special rates apply for structures such as pavilions, greenhouses, gas pumps, play ground equipment, grand stands, etc. If you need assistance, please call the underwriting department.
11. **Replacement Cost:** Replacement Cost coverage is optional. It is an additional 20% of the premium for Building and an additional 20% of the premium for Contents. ***For new business when roofs are 15 years old and older we will add the Limitations on Coverage for Roof Surfacing Endorsement CP GUA 10 36.***
12. **Business Income Amount:** Business Income coverage is optional and is available for an additional premium. Enter the requested amount of coverage and monthly limitation.
17. **Mortgagee:** For each Mortgagee, provide the Name, Mailing Address and Loan Number. The building must be built in accordance with the International Building Code.
18. **Loss History:** If there are no claims, enter "NONE". Provide details for all claims including cause and origin, amounts paid, dates and repairs made. Attach a separate page if needed.
20. **If home is over 30 years old, indicate year each utility has been updated:**
Electrical "Plumbing Heating ""J XCE
_____ ""haaaaaa

Hurricane Underwriting Restrictions: No request for increased coverage or new application shall be accepted at any time or period of time during which there exists any portion of a hurricane designated by the U.S. National Weather Service, National Hurricane Center or any successor thereto within the boundaries of 70 degrees west longitude and 20 degrees north latitude until the expiration of 24 hours after such hurricane warning has been lifted.

Coverage begins at 12:01 a.m. the day after payment is received by this Association. For New business written on or after 10/1/2013, a Policy/Inspection Fee of \$50.00 applies. This fee is due with your first payment. Payments should be made payable to Georgia Underwriting Association. A \$25 fee will be imposed for any check that is returned due to non-sufficient funds.

APPLICATION FOR COMMERCIAL FIRE INSURANCE

This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION

3355 Annandale Lane, Suite 3, Suwanee, GA 30024-3186

770-923-7431 Fax 770-717-8620 www.GeorgiaUnderwriting.com

AGENT INFORMATION

Agency Name _____

Address _____

City, St. Zip _____

Phone _____ Fax _____

Email _____

If this application is not signed by the insured the agent, it will not be processed. See page 4 for signatures.

I also understand that if photos and necessary documents aren't provided, this application will not be processed.

APPLICANT INFORMATION

Name _____ Phone _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

PROPERTY INFORMATION. Each structure requires a separate Application and photos.

1. Address of Property _____ County _____
City: _____ State: GA Zip: _____ City Limits: Inside Outside
Name of and distance to Fire Station _____
Within 1000 Feet to standard fire hydrant? Yes No

2. Type of Occupancy _____

3. Amount of Insurance Requested Fair market Value Replacement Cost Value
Building _____
Contents _____

Please include a current Cost Estimator/Valuation with all applications.

Coverage Requested is for a Basic Commercial Fire Policy: Group I(Fire & V&MM) Group II(Extended Coverage)

Purchase Date _____ Purchase Price _____

4. Co-Insurance: 0% 80% 90% 100%

5. Construction:
 Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Modified Fire
 Resistive Fire Resistive Mobile Home

6. Is this an open sided structure? No Yes

7. # of Stories _____ Year Built _____ Square Footage (Length/Width) _____ Age of Roof _____
Roof Description: Hip Gable Flat Other Metal Roof No Yes

8. Deductible : Select one: \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$75,000 **A 2% Wind Hail Deductible applies for all property in the 6 coastal counties.**

9. Is this a Builder's Risk? No Yes Estimated Completion Date _____

10. Is this for a Rehab property? No Yes Vacant? No Yes (vacant properties not eligible unless under rehab)
**If rehab, see attached Letter of Intent*

11. Optional: Replacement Cost Coverage: Building Contents *For new business when roofs are 15 years old and older we will add the Limitations on Coverage for Roof Surfacing Endorsement CP GUA 10 36.*
12. Optional: Business Income Amt: _____ Monthly Limitation: 1/3 1/4 1/6
13. Requested date of coverage: _____
14. If prior or present coverage with GUA, what is the policy number? _____
15. Do you have a Flood policy on this property? No Yes
16. Company _____ Policy # _____

17. MORTGAGEE INFORMATION (if none, write 'none')

Mortgagee Name _____ Loan # _____
 Address: _____

Mortgagee Name _____ Loan # _____
 Address: _____
 Escrow No Yes

(Attach a separate page to list additional Mortgages)

18. REQUIRED: List all losses (property, liability or theft) or enter NONE. Attach a separate page if necessary.

<u>Cause & Origin</u>	<u>Date</u>	<u>Total Claim Amount</u>	<u>Company Payment</u>	<u>Location</u>	<u>Repairs</u>

19. Is there any unrepaired damage to the building? No Yes If yes, please explain _____

20. If home is over 30 years old, indicate year each utility has been updated:

Electrical _____ Plumbing _____ Heating "XXXX" XCE
 _____ "aaaaaaa"

CERTIFICATION OF APPLICANT FOR INSURANCE

This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, the Georgia Underwriting Association, the Insurance Services Office, nor any company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection of action report(s) to the Georgia Insurance Department, the Georgia Underwriting Association, Insurance Services Office, insurers and my (our) agent(s) or representative(s).

I (we) understand that if coverage is accepted by the Georgia Underwriting Association, the policy will become effective at 12:01 A.M. the day after the Georgia Underwriting Association has received payment of the full premium. I (we) further understand that any Agent or Broker that has assisted me (us) in procuring this insurance is not an Agent of the Georgia Underwriting Association, and all actions taken by such Agent or Broker, including the submitting of this application, collecting of premiums, and delivering of policies, are taken solely on my (our) behalf.

By signing this application I (we) certify that I (we) have an insurable interest in the property and that all statements contained herein are, to the best of my (our) knowledge, true. I (we) certify that I (we) have made a reasonable effort to obtain insurance and have been unable to obtain it elsewhere. Any willful concealment or misrepresentation of a material fact or circumstances heron may void any policy issued.

FAIR CREDIT REPORTING ACT

In accordance with the Federal Fair Credit Reporting Act (Public Law 91-508), this notice is to inform you that as part of our procedure for processing your Application for Insurance, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

NOTICE OF INFORMATION PRACTICES

In applying for insurance with the Georgia Underwriting Association you entrusted us with personal information about yourself. We may seek further information about you, and any person requesting insurance on the application, from other sources.

You have the right to know what kind of information we maintain on our files about you and may have access to that information. You have the right to receive a copy of all personal information we keep on you and if necessary the right to request the correction, amendment or deletion of incorrect information. No information will be disclosed about you without your consent unless the disclosure is necessary for us to conduct our business. Upon receipt of your request, we will furnish you with a more detailed notice of our information practices.

FOR POLICY ISSUANCE, REMIT THE FOLLOWING:

For New business written on or after 10/1/2013 a Policy/Inspection Fee of \$50.00 applies. This fee is due with your first payment. Quote, completed Application (including signature of Agent and Applicant), payment, color photos of front and back of risk, Appraisal, copy of MSB Valuation Report (if available), copy of previous insurance policy and copy of cancellation or non-renewal notice. A \$25 fee will be imposed on checks returned for Non-Sufficient Funds.

Check should be made payable to **GEORGIA UNDERWRITING ASSOCIATION**

Check # _____ Check Amount \$ _____ **GROSS PREMIUM REQUIRED**

Pay Plan Option 1 2 4

Applicant: Before signing below see "Certification of Applicant for Insurance", "Fair Credit Reporting Act" on page 3 and "Notification of Information Practices" on page 4.

Now accepting electronic signature with last four digits of the social security number.

Certification Acceptance Signature of Applicant _____ Last 4 of Social ___ _ _ _

Title if applicant is corporation or firm _____

Title if applicant is in the name of Estate: Executor, Administrator, or Power of Attorney and attach proper court documentation, Letter of Testamentary, POA etc. _____

Date _____

I hereby certify that I am a licensed Agent of Georgia. Agent License # _____ Expiring _____ Agency License # _____ Expiring _____ In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

Now accepting electronic signature

Agent of Record Signature (REQUIRED) _____ Date _____