

Integrated Insurance Services, Inc.

1639 Cape Coral Parkway E #203

Cape Coral, FL 33904

Ph: (239) 549-5420 * Fax: (239) 549-7905

dave@integratedinsfl.com

PROPERTY INSURANCE APPLICATION

(Please complete a separate application for each location)

Desired Effective Date of Coverage: _____

1. Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

2. Contact Name: _____

Phone: _____ Fax: _____

3. Location Address: Location #: _____ Building #: _____

Street Address: _____

City/State/Zip: _____

County (Required to rate coverage): _____

4. # Years in Business: _____ Federal ID #: _____

5. Legal Entity: Corporation; Individual; Partnership; Other _____

6. Describe Nature of Business/Operations at this location: _____

7. Building Construction Type: Frame; Joisted Masonry; Non-combustible
 Other (describe): _____

8. Applicant Interest: Owner-Occupant; Tenant; LESSOR (owns & rents to others)

9. Total Area (square footage) of building: _____ of occupancy: _____

10. Year building constructed or estimated age: _____

11. If building is older than 25 years, then provide the following update information:

Roof: _____ Heating/AC: _____

Electrical: _____ Plumbing: _____

12. Number of stories in the building: _____ Is there a basement?: Yes No

13. Describe any fire or burglar alarm systems (i.e. local, central station, etc.): _____

14. Describe other fire protection (i.e. automatic sprinklers, fire extinguishers, etc.): _____

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15. Desired Building Coverage Limit: \$ _____ Deductible: \$ _____

16. Desired Contents Coverage Limit: \$ _____ Deductible: \$ _____

17. Other Coverage Desired (Business Interruption/Loss of Income, Improvements & Betterments, etc.):

Coverage: _____

Coverage Limit: \$ _____ Deductible: \$ _____

18. Glass coverage? If so, # of plates and sizes: _____

19. Current Property Insurance Company: _____

Expiration Date: _____

20. Describe any losses or claims in the last 5 years (Include dates and amounts): _____

21. Additional Interests (Mortgagee, Landlord, Leased equipment, etc.):

Name: _____ Interest: _____

Address: _____

City/State/Zip: _____

Loan/Lease No.: _____ Certificate Required?: Yes No

Provide fax number of Certificate Holder if you would like cert. faxed to them: _____

Applicant Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE FAX EMAIL OR MAIL COMPLETED APPLICATION TO:

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Cape Coral, FL 33904
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