



**marrs maddocks + associates**  
insurance services, inc.

Business Owners Insurance Application

<b>Contact Information</b>	Business Name:		
	Address:		
	City:	State:	Zip Code:
	Phone Number:		Fax Number:
	Contact Name:		Email:
	Brief Business Description:		
	Years in Business:		Proposed Effective Date:

<b>Property Coverages</b>	Building Age:	Construction Type (Check only one box):	
		<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry <input type="checkbox"/> Concrete
		<input type="checkbox"/> Other _____	
	Building Limit:	Business Personal Property Limit:	Business Income Limit:

<b>General Liability</b>	Requested Limit:	Premises Area (Square Feet):
	Gross Annual Revenue:	Annual Payroll Excluding Clerical Employees:

<b>Automobile</b>	List of Owned Vehicles:				List of Drivers:	
	Year	Make	Model	Value	Name	Drivers' License No.
	1. _____				1. _____	
	2. _____				2. _____	
	3. _____				3. _____	
	4. _____				4. _____	
5. _____				5. _____		

<b>Other</b>	Other Coverage Desired:
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