



marrs maddocks + associates

insurance services, inc.

Business Owners Insurance Application

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

Property Coverages	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:

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

Automobile	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.	_____	

Other	Other Coverage Desired:
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