



The Camp Team Building & Business Property Application

When you come to , put cursor over box & double click to check

General Information

1. Business Name: _____
2. Legal or dba: _____
3. Is Policyholder: Corporation Individual Partnership Nonprofit Other _____
4. Facility Address (please include city, state, and zip): _____

5. FEIN or SSN: _____
6. Mailing Address (if different than #3, please include city, state, and zip): _____

7. Person of Contact: _____
8. Phone Number: _____ Email: _____ Fax Number: _____
9. Years Business has been in Operation: _____

Underwriting

10. Current Insurance Carrier: _____
11. Current Policy Number: _____
12. Current Insurance Premium: \$ _____
13. Policy Effective Date: _____
14. Has any insurer ever cancelled or refused cover?
 Yes
 No
If yes, please explain: _____
15. Estimated Gross Receipts: _____
16. Square Footage of Facility: _____
17. Number of Stories: _____
18. Own or Rent Location:
 Own
 Rent
19. Construction of Building (i.e. masonry, steel frame): _____
20. Year Built: _____
21. List any updates to roof, electrical, plumbing and year updates were performed:

22. Does your facility have sprinkler system? If yes, what percent of building: _____

23. Building Value (only if you own): \$ _____

24. Business Property and Value (i.e. computers - \$650, netting - \$2,500, inventory - \$5,000):

25. Describe any Building / Business Property losses in last three years:

26. Please provide loss runs for last three years.

The undersigned is authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true.

Signature of Applicant: _____

Date: _____

Upon completion of application, please email or fax a copy to our office.

The Camp Team
John Stevens / Ryan Ferrin / Meg Schwiesow
Phone 800-747-9573 / Fax 303-422-1276 / Email info@campteam.com