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# OFFICE TENANT PACKAGE (OTP) APPLICATION

To OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

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1. NAME OF ORGANIZATION: \_\_\_\_\_ TIN: \_\_\_\_\_

LOCATION OF RISK: \_\_\_\_\_  
STREET ADDRESS

CITY STATE ZIP CODE COUNTY

( ) ( )

PHONE FAX WEBSITE

MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

2. INSPECTION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

3. TYPE OF ORGANIZATION:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION  OTHER

IF OTHER: \_\_\_\_\_

4. NUMBER OF EMPLOYEES: \_\_\_\_\_ FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_

5. YEAR BUSINESS ESTABLISHED: \_\_\_\_\_

IF LESS THAN 3 YEARS OLD, LIST PREVIOUS EXPERIENCE: \_\_\_\_\_

6. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN:  NONE  
 BANKRUPTCIES  FORECLOSURES  TAX LIENS  BUSINESS FAILURE  ANY LITIGATIONS

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

7. EXPIRING CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

8. SUPPLEMENTAL INFORMATION:

ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS?  YES  NO

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  YES  NO

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS?  YES  NO

COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING?  YES  NO

COPPER PLUMBING THROUGHOUT?  YES  NO

ANY WOOD SHAKE ROOFING OR MANSARD?  YES  NO

ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS?  YES  NO

ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED?  YES  NO

ANY CHILD CARE OPERATIONS?  YES  NO

ANY COMMERCIAL COOKING AND/OR COMMUNITY EATING AREAS?  YES  NO

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## ADVANCED E&S GROUP – MIDWEST REGION

500 North Michigan Ave Suite 1039 Chicago, IL 60611 Phone: (312) 245-3000 Fax: (312) 245-3001

Website: <http://www.aesins.com> E-Mail: [quote@advancede-s.com](mailto:quote@advancede-s.com)

ANY ON-SITE MEDICAL STAFF AND/OR NURSE OR NURSES AIDE?  YES  NO  
 ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT?  YES  NO  
 HVAC SYSTEM UNDER MAINTENANCE CONTRACT?  YES  NO  
 ACT AS PROPERTY MANAGER FOR ANY PROPERTIES NOT INCLUDED IN THIS SUBMISSION?  YES  NO  
 IS YOUR PROPERTY REQUIRED TO CARRY FLOOD INSURANCE?  YES  NO  
 ANY UNDERGROUND PARKING? IF YES, SQ FT: \_\_\_\_\_  YES  NO  
 IS THERE A SWIMMING POOL?  YES  NO  
 ANY RENOVATIONS, DEVELOPMENT PLANS OR OTHER CONSTRUCTION ACTIVITIES BEING PERFORMED OR PROPOSED DURING THE POLICY TERM? IF YES, PLEASE LIST  YES  NO  
 DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT?  YES  NO

9. **BUILDING SECTION:** PROTECTION CLASS: \_\_\_\_\_

YEAR OF BUILDING: \_\_\_\_\_ CONSTRUCTION: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

YEAR OF: \_\_\_\_\_ WIRING: \_\_\_\_\_ PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ROOFING: \_\_\_\_\_

ADJACENT/ABUTTING EXPOSURES:

NORTH: \_\_\_\_\_ SOUTH: \_\_\_\_\_ EAST: \_\_\_\_\_ WEST: \_\_\_\_\_

SMOKE DETECTORS?  YES  NO IF YES ⇨  ELECTRIC  BATTERY POWERED

FIRE ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_

BURGLAR ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_

SPRINKLER SYSTEM?  YES  NO IF YES ⇨ AGE: \_\_\_\_\_ TYPE: \_\_\_\_\_

CARBON MONOXIDE DETECTORS?  YES  NO IF YES ⇨ AGE: \_\_\_\_\_ TYPE: \_\_\_\_\_

10. **PROPERTY SECTION:**

BUILDING LIMIT:

\$ \_\_\_\_\_ Co-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_

IMPROVEMENTS/BETTERMENTS LIMIT:

\$ \_\_\_\_\_ Co-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_

BUSINESS PERSONAL PROPERTY LIMIT:

\$ \_\_\_\_\_ Co-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_

CAUSE OF LOSS: SPECIAL FORM INCLUDED

BUSINESS INCOME:

\$ \_\_\_\_\_ Co-INS % \_\_\_\_\_ OR MONTHLY LIMITATION \_\_\_\_\_

BUSINESS INCOME WITH EXTRA EXPENSE  YES  NO IF NOT ANSWERED, WILL BE RATED WITHOUT

AUTOMATICALLY INCLUDED COVERAGES:

MONEY & SECURITIES (\$2,500), EMPLOYEE DISHONESTY (\$10,000), ACCOUNTS RECEIVABLE (\$5,000), ELECTRONIC DATA PROCESSING (\$3,500), EMPLOYEE PERSONAL EFFECTS (\$3,500), GLASS COVERAGE, PERSONAL PROPERTY OF OTHERS (\$3,500), PROPERTY OFF PREMISES (\$12,500), SIGN/OUTDOOR PROPERTY (\$2,500), VALUABLE PAPERS (\$5,000), FIRE DEPT SERVICE CHARGE (\$1,500), POLLUTANT CLEAN-UP & REMOVAL (\$12,500).

11. **GENERAL LIABILITY SECTION:**

LIABILITY OCCURRENCE LIMIT:	<input checked="" type="checkbox"/> \$ 1,000,000	AGGREGATE LIMIT:	<input checked="" type="checkbox"/> \$ 2,000,000
PERSONAL & ADV INJ LIMIT:	<input checked="" type="checkbox"/> \$ 1,000,000	PRODUCTS/COMPLETED OPS:	<input checked="" type="checkbox"/> \$ INCLUDED
DAMAGE TO PREMISES:	<input checked="" type="checkbox"/> \$ 100,000	MEDICAL EXPENSES:	<input checked="" type="checkbox"/> \$ 5,000
NON OWNED AUTO LIABILITY:	<input checked="" type="checkbox"/> \$ 1,000,000		

SQUARE FOOTAGE:YOUR PREMISES: \_\_\_\_\_ TOTAL BUILDING: \_\_\_\_\_

PLEASE LIST ALL KNOWN OTHER OCCUPANCIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY OTHER ON OR OFF PREMISE EXPOSURES NOT LISTED ABOVE:  YES  NO

IF YES ⇨ DESCRIBE: \_\_\_\_\_

12. **ADDITIONAL INTERESTS:**

LANDLORD AND ADDRESS \_\_\_\_\_

CHECK IF NONE \_\_\_\_\_

ADDITIONAL INSUREDS \_\_\_\_\_

CHECK IF NONE \_\_\_\_\_

13. **CLAIMS SECTION:**

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: \_\_\_\_\_

\_\_\_\_\_

GENERAL LIABILITY CLAIMS: \_\_\_\_\_

\_\_\_\_\_

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCING AGENT

\_\_\_\_\_  
AGENCY NAME AND ADDRESS