

# LESSOR'S RISK - FAST TRACK INSURANCE APPLICATION

To receive a free no-obligation quotation complete this application and return to our office. We will contact you within 48 hours with a status update. If you have any questions please contact the Agent of Record (see below).

Note: For multiple locations please complete separate application for each location.

**First Choice Insurance Agency**  
**Jeffrey Cassedy - Agent of Record**  
Direct Line: 703-382-2342 Fax: 703-483-9934 E-mail: JGC@FCIAGENCY.COM  
P.O. Box 150377, Alexandria, VA 22315  
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Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Effective/Renewal Date \_\_\_\_\_ Current Insurance Carrier \_\_\_\_\_

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## BUSINESS INFORMATION

Applicant is a:      Corp                      Partnership              LLC                      Individual  
                                 Other                      Explain: \_\_\_\_\_

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## PREMISES INFORMATION

Year Building Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Date Updated: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_

Distance to Hydrant: \_\_\_\_\_ FT    Distance to Fire Station: \_\_\_\_\_ MI    Total Area sq.ft.: \_\_\_\_\_

Sprinkler System    Yes              No                      Vacant Area sq. ft.: \_\_\_\_\_

Fire Alarm:    Yes                      No                      Central Station

Burglar Alarm:    Yes                      No                      Central Station

Primary Heat    Gas                      Electric                      Boiler                      Other: \_\_\_\_\_

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**PREMISES INFORMATION - continued**

|                                    |                              |  |      |               |
|------------------------------------|------------------------------|--|------|---------------|
| Construction Type                  | Frame<br>Non-combustible     | Joisted Masonry<br>Masonry non-combustible |      |               |
| Roof Type                          | Metal<br>Single Ply Membrane | Asphalt<br>Flat                            |      | Slate or Tile |
| Plumbing Type                      | PVC<br>Other                 | Copper                                     | Lead | Galvanized    |
| Electric Wiring on Circuit Breaker |                              | Yes  | No   |               |

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**GENERAL QUESTIONS**

|  |      |       |
|--|------|-------|
| Applicant has a lease in place with all occupants of the building  | True | False |
| All commercial tenants, other than self insured governmental entities, are required to carry insurance and the owner/property manager obtains certificates of insurance form all commercial tenants as evidence of general liability | True | False |
| Lease has provision requiring tenant(s) to maintain general liability insurance with applicant listed as an Additional Insured   | True | False |
| No structural renovations ongoing or planned during our policy term  | True | False |
| No past, pending or planned bankruptcy of applicant or any officer, partner, member or owner of applicant in the past five years   | True | False |
| Coverage has not been cancelled on non-renewed in last three years   | True | False |
| Applicant has contract with vendor to provide service, repairs and maintenance to building and grounds   | True | False |
| Applicant has no chemical, flammable or other hazardous material (solid or liquid) on their site   | True | False |
| Building is not designated as a Historic or Landmark Registry Property   | True | False |

Indicate which of the following storage containers are utilized (select all that apply):

|                              |                             |                     |
|------------------------------|-----------------------------|---------------------|
| Above Ground<br>Storage Tank | Underground<br>Storage Tank | No Storage<br>Tanks |
|------------------------------|-----------------------------|---------------------|

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**PROPERTY COVERAGE SECTION**Does Applicant Own Building Yes      NoIf applicant does not own building is there a contract  
for applicant to insure building Yes      No

Building Limit \$ \_\_\_\_\_ Contents Limit \$ \_\_\_\_\_ (if required)

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**Occupant Types**

|  |                   |                  |                    |
|--|-------------------|------------------|--------------------|
| Select occupant<br>types of building<br>(select all that<br>apply) | Owner Occupied    | Restaurant       | Manufacturer       |
|  | Apt./Habitational | Retail/Service   | Office             |
|  | Wholesale         | Public Warehouse | Vacancy/Unoccupied |

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**LIABILITY SECTION**

|              |                         |                         |
|--------------|-------------------------|-------------------------|
| Select Limit | \$500,000/\$1,000,000   | \$1,000,000/\$2,000,000 |
|              | \$2,000,000/\$4,000,000 |                         |

Gross Annual Rental Income \$ \_\_\_\_\_

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**UMBRELLA LIABILITY - optional coverage**

|              |             |             |             |             |
|--------------|-------------|-------------|-------------|-------------|
| Select Limit | \$1,000,000 | \$2,000,000 | \$3,000,000 | \$4,000,000 |
|              | \$5,000,000 | Other \$    |             |             |

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**CLAIMS** - please provide details of any claims in past 3 years. Attached Loss Runs if available.

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**SIGNATURE**

By signing below you acknowledge that the statements and answers provided on this application are truthful and accurately represent your business at this time and that no substantial changes are anticipated.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information may be necessary. Not all businesses will qualify for quotation.

**If any questions contact Jeffrey Cassedy @ 703-382-2342 or e-mail JGC@FCIAGENCY.COM**