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**PROPERTY COVERAGE - complete only if requesting property insurance included in quotation**

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**PREMISES INFORMATION**

List all locations:

Loc. #	Street, City, County, State, Zip Code	Interest Owner/Tenant
__1__	_____	_____
__2__	_____	_____
__3__	_____	_____

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**PREMISES INFORMATION - continued**

Loc. #	Building Age	Building Construction*	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Alarm	Burglar Alarm
__1__	_____	_____	_____	_____	_____	_____	_____
__2__	_____	_____	_____	_____	_____	_____	_____
__3__	_____	_____	_____	_____	_____	_____	_____

\* Building Construction: F = Frame, MA = Masonry, MNC = Masonry Non-combustible, M = Metal

Building Improvements - Indicate Year Improvement Made - complete ONLY if building over 30 years old

Loc. #	Heating	Plumbing	Roofing	Wiring
__1__	_____	_____	_____	_____
__2__	_____	_____	_____	_____
__3__	_____	_____	_____	_____

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**PROPERTY COVERAGE**

Loc. #	Building*	Contents
__1__	\$ _____	\$ _____
__2__	\$ _____	\$ _____
__3__	\$ _____	\$ _____

\*Include Building Limit only if you own building or if you are required by lease to insure the building.

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## GENERAL QUESTIONS

Does your total gross sales exceed \$15,000,000	Yes	No
Do you have more than 50% interest in any other business	Yes	No
Any past, pending or planned bankruptcy of applicant or any officer, partner, member or owner of applicant in the past five years	Yes	No
Has coverage been cancelled on non-renewed in last three years	Yes	No
Any building designated as a Historic or Landmark Registry Property	Yes	No
Are you a private equity firm, venture capital firm, or angel investor	Yes	No
Will you be doing business in other countries	Yes	No
Will you require Defense Base Act coverage	Yes	No

Do you perform consulting for any of the following industries:

Aerospace	Agricultural/mining
Aircraft	Architectural
Background checks	Construction
Construction managers	Credit reporting services
Debt collection	Disaster planning
Downsizing/rightsizing	Employee leasing
Engineers	Environmental
Fingerprinting services	Labor negotiators
Legal	Lobbyists
Manufacturers rep.	Marketing (alcohol)
Medical, health, nutritional	Merger and acquisitions
Military	Oil & gas
PEO's	Pharmaceutical
Security	Social security traces
Technology	Temporary employment agencies
Terrorism preparedness planning	Transportation
Utilities	Waste management

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## OPTIONAL COVERAGES

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**PROFESSIONAL LIABILITY** - complete Professional Liability application, see [www.fciagency.com](http://www.fciagency.com)

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**WORKERS COMPENSATION** - complete Workers Compensation application, see [www.fciagency.com](http://www.fciagency.com)

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**COMMERCIAL AUTO** - complete Commercial Auto application, see [www.fciagency.com](http://www.fciagency.com)

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

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**ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW?**

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## SIGNATURE

By signing below you acknowledge that the statements and answers provided on the 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](mailto:JGC@FCIAGENCY.COM)**