SPECTRUM
Risk Management & Insurance Services LLC
#0C77485

Date _____ Producer_____ Effective Date _____

I. Insured Information:

Name: _____ DBA: _____

Mailing Address: _____ City: _____ Zip:_____

Phone #:_____ Fax: _____ Cell: _____

Website Address: _____ E-Mail _____

Individual _____ Corp_____ Partnership _____ Joint Venture _____ Other_____

Years at this location: _____ Years in Business: _____

Sales _____ Payroll _____ #Emp _____ Liquor Sales_____

Type of Risk:

Lessor's Risk Apartment Manufacturing Restaurant Retail Service Other

Description of operations _____

Contact Person:_____ Phone#_____ Email: _____

II Property:

Premises Address: _____ City _____ Zip: _____

Yr Built: ____ Const. Type_____Sq. Ft _____ Owner or Tenant _____ #Stories ___ #Units_____

Updates: Plumbing_____ Heating_____ Wiring _____ Roofing _____

Copper / PVC/Galvanized Copper/Circuit Brk Tile / Composition

	Values	Ded
Building:	_____	_____
Personal Property Values	_____	_____
Business Income & Extra Exp.	_____	
Property at any other location:	_____	
Do you have autos?	_____	# of vehicles _____

Alarms:

Fire Y N Central: Y N Service Provider: _____

Burglar: Y N Central: Y N Service Provider: _____

Sprinklers: Y N Fire Extinguishers: Y N Smoke Alarm Y N

III Liability:

General Aggregate: _____

Prod & Comp Ops: _____

Per & Adv. Injury: _____

Each Occurrence: _____

Fire Damage: _____

Medical Expenses: _____

Comments:

Gross Sales: _____

	Prior Carrier	Policy#	Liab Limits	Premium	#Losses	ATTACH
Yr. _____	_____	_____	_____	_____	_____	LOSS
Yr. _____	_____	_____	_____	_____	_____	RUNS
Yr. _____	_____	_____	_____	_____	_____	

Please attach a copy of your current Policy.