

CIBA Application For Commercial Insurance

Broker/Company: _____ Office: _____ Submitted By: _____
Phone Number: _____ Fax Number: _____ E-Mail Address: _____

Effective Date: _____ Program: 3/31 9/30 Both
Select Program(s) you're interested in: Basic Comprehensive (Includes Earthquake & Flood) Property & Liability
 Property Only Liability Only

Vesting/Registered Owner Information:

Account Name: _____ Owner Property Manager
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

Named Insured / Insurable Interest:

Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

New CIBA Member Prior CIBA Member If Prior Member, what year: _____
 Current CIBA Member Approximate number of properties enrolled: _____
 Premium Finance Quote Requested (California Only)
 Direct Bill Requested
 Payment Plan Requested

Special Comments:

Insurance Certificate Monitoring (ICM) Service Quote Requested: Yes No
If yes, please indicate the number and type of certificate to be monitored: Tenant HOA Service Providers

Property Information:

Location Address: _____ Part of SOV?
City: _____ State: _____ Zip: _____ EQ Zone: _____
Property Type: Industrial Mixed Tenancy (HAB & Retail)* Warehouse
 Retail Space Planned Unit Development (PUD) Vacant Land
 Condominium* Apartment Building/Complex* HOA*
 Office Building Other (Please Describe) _____

*Supplemental Habitational Application Required

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For Non-Habitational Applicants:

Number of Tenants: _____

Non-Habitational Tenant Operations: _____

Property Information:

Total Square Footage: _____ # of Units: _____ Mixed Tenancy Residential Square Footage: _____

Commercial Square Footage: _____ Building Replacement Value:\$ _____

Annual Rents:\$ _____ Contents:\$ _____

Year Built: _____ Building Construction? Frame Masonry Fire Resistive Year Building Last Remodeled/Retrofitted: _____

Roof Type? Composition Shake Shingle Fire Resistive (Tile, Slate, Concrete) Year Roof Last Replaced: _____

Number of years property owned by insured: _____

of Buildings: _____ # of Stories: _____ # of Basements: _____

Sprinklers: Full Partial None Central Station Alarm: Yes No

Parking: Underground Tuck-Under Carport Separate Attached On-Grade

Parking Sq. Ft. and/or Number of Spaces: _____

Years Updated: Wiring _____ Plumbing _____ HVAC _____ Fire/Life Safety _____

a. Are driveways, parking & sidewalks in smooth repair? Yes No (please explain) _____

b. Are stairs, porches, rails, landings and balconies in good repair? Yes No (please explain) _____

c. Any graffiti on walls or fences? No Yes (please explain) _____

d. Any garbage, debris or inoperable vehicles on premises? No Yes (please explain) _____

e. Does structure have wood shake roof? No Yes

Are employees screened? Yes No

A. References? Yes No B. Prior jobs? Yes No C. Credit checks? Yes No D. Criminal checks? Yes No

Crime and vandalism in neighborhood? High Medium Low

Are tenants informed of crime and vandalism activity? Yes No

Are there any regular news bulletins by Ownership/Manager? Yes No

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Current Insurance Coverages:

	Insurance Company	Limit	Deductible	Premium
Commercial General Liability:				
Auto Liability:				
Property – All Risk:				
Property – DIC:				

Additional Insured Information:

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	<input type="checkbox"/> 1st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
Select all that applies	<input type="checkbox"/> 2nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
	<input type="checkbox"/> 3rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	<input type="checkbox"/> 1st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
Select all that applies	<input type="checkbox"/> 2nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
	<input type="checkbox"/> 3rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	<input type="checkbox"/> 1st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
Select all that applies	<input type="checkbox"/> 2nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
	<input type="checkbox"/> 3rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B
Please include additional pages if necessary.			

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Comments/Explanations:

Has this property or insured sustained a loss during the past 5 years? No Yes

Five Year Carrier Loss Runs are required. Please check box if Carrier Loss Runs are attached

If not attached, please provide further explanation.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Note: To sign use pencil tool. If your version of Adobe Acrobat doesn't have a pencil tool, please print and fax to 818.638.8551.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Billing Address: _____

Supplemental Habitational Application



You may tab through the fields and fill in the form or you may print out the three pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at CIBAQuote@cibaservices.com. Please type the name of the Insured/ Customer in the subject line of the e-mail.

Broker/Company:	Submitted By:	
Phone Number:	Fax Number:	E-Mail Address:
Name Insured:	Location Address:	

Required for each location

1. Years of experience of insured? _____
2. Any periodic inspections of Stairs, Balconies, Walkways, etc.? Yes No How often? _____
3. Occupancy? _____ % Less than 90%, explain: _____

- A. Market Rent? Yes No If yes, what percent for this location? _____ %
- B. Any Low Income (Affordable) Housing? Yes No If yes, what percent for this location? _____ %
- C. Any Section 8? Yes No If yes, what percent for this location? _____ %
- D. Any Single Room Occupancy (SRO)? Yes No If yes, what percent for this location? _____ %
- E. Is location a Senior (Unassisted) Living facility? Yes No
- F. Is location an Assisted Living facility? Yes No
Operated by Owner? Yes No Operated by Third Party? Yes No
- G. Is location a Convalescent Home/Nursing Home Yes No
- H. Management on site? Yes No
- I. Employees perform maintenance at site? Yes No
- J. Do you allow tenants to have pets? Yes No
- K. Are any of the following services or activities provided? Yes No

If so, please describe and indicate whether they are provided by employees or third parties:

- Food Service _____
- Housekeeping Service _____
- Laundry Service _____
- Medical Service _____
- Transportation Service _____
- Social Activities _____
- Other _____

4. Construction

- A. Is location within 2500 feet of "brush area?" Yes No
- B. Type of Wiring? _____ If Aluminum, Updated? Yes No
 - 1) If aluminum, are all receptacles and switches fixed using the CopAlum Crimp Method? Yes No
- C. Number of Buildings? _____ Number of Stories? _____ Building Square Footage? _____
 - 1) Are interior stairways enclosed and equipped with self-closing fire doors on each floor? Yes No
 - 2) Pull type "Life Safety" alarm? Yes No
 - 3) Alarm on each floor? Yes No
 - 4) Is there a live safety sprinkler system covering stairs and hallways? Yes No

Supplemental Habitational Application



5) Trash chutes? Yes No Sprinklered? Yes No

6) Elevators? Yes No Number _____

D. Are smoke detectors provided in the following locations: (Choose any/all that apply)

Sleeping area? Yes No Hallway leading to sleeping area? Yes No

Kitchen? Yes No Common corridors? Yes No N/A

Common interior stairwells? Yes No N/A

Trash chutes? Yes No

Centrally monitored on a 24-hour basis? Yes No By Employees By Third Party

E. Emergency lighting in interior corridors longer than 75 ft? Yes No

F. Lighted EXIT signs in interior corridors? Yes No

G. If multiple buildings, what is the separation between buildings? _____

5. Swimming Pool(s)? Yes No Spa(s)/Jacuzzi? Yes No

A. If yes, is it fenced? Yes No How tall is fence? _____

Does it comply with local ordinances? Yes No

B. Does it have a self-closing/self-latching gate? Yes No

C. Diving board(s)? Yes No

D. Pool rules clearly posted in the pool area? Yes No

E. Lifesaving equipment (i.e., life ring, shepherds hook) in pool area? Yes No

F. Are the pools/spas equipped with safety drain/intake covers? Yes No

6. Playground(s)? Yes No If yes, how is it secured? _____

A. Type of surface (i.e., asphalt, grass, sand)? _____

B. Equipment installed (i.e., swings, slides, jungle gym, etc.)? _____

7. Tennis/basketball courts? Yes No If yes, how many? _____

8. Golf courses? Yes No If yes, is it for the exclusive use of the members? _____

9. Other Recreational Facilities? Yes No Provide full details: _____

10. Entire Property Fenced? Yes No Automatic Access Gate? Yes No

11. Security Provided? Yes No If yes, Armed Unarmed

A. Employees of the insured? Yes No

B. Subcontracted? Yes No

C. Are you named as Additional Insured? Yes No

D. Days of week? _____

E. 24-Hours on duty? Yes No

12. Are tenants screened prior to leasing? Yes No

A. Credit check? Yes No

B. Criminal checks? Yes No