

# The Southern General Agency of Tennessee, Inc.

5908 Toole Drive Suite 3D, Knoxville, TN 37919

Phone: 888 909-0181 / Fax: 865 909-0312

## Commercial EARTHQUAKE Application

Applicant's Name	_____
	_____
Mailing Address	_____
	_____
	_____

Agent Name	_____
Address	_____
	_____

REQUEST FOR:  QUOTE  BIND

From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time at the address of the Applicant

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_

2. **Describe all business operations conducted by applicant:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	Valuation	Cause of Loss	Special Conditions	
	Bldg. Limit	\$	80%	ACV	EQ Only		
	BPP Limit	\$	80%	ACV	EQ Only		
	BI/EE Limit	\$	N/A	ACV	EQ Only	1/3 Monthly Limitation	
	Other	\$					
Bldg. No.	Mortgagee or loss payee:						

- Construction type: \_\_\_\_\_
- Number of stories: \_\_\_\_\_
- Total square foot area: \_\_\_\_\_
- Year built: \_\_\_\_\_
- Built on firm, natural ground? [ ] yes [ ] no (if no, coverage cannot be bound)

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_

This application **does not bind YOU nor US** to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_