



AGENCY NAME _____ CODE _____ POLICY NO _____
ADDRESS _____
APPLICANT'S NAME _____
DBA _____
ADDRESS _____

PROPOSED EFF. DATE _____ EXP. DATE _____ **STATUS OF SUBMISSION**
 QUOTE BIND ISSUE
DEDUCTIBLE _____ RATE _____ TOTAL AMT INS _____ PREMIUM _____
 SHORT TERM ANNUAL
CODE _____ REINS NONE P/R _____ EX _____ CERT. # _____

INDIVIDUAL PARTNERSHIP CORPORATION OTHER (Specify) _____
INSPECTION _____
SOCIAL SECURITY # _____ (Contact/Phone) _____
NUMBER OF YEARS EXPERIENCE AT THIS TYPE OF WORK _____ YEARS IN BUSINESS _____

PRIOR CARRIER INFORMATION

YEAR	TYPE OF COVERAGE	CARRIER	POLICY NO.	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS HISTORY (Enter all losses for prior five (5) years)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL

RAINIER INSURANCE COMPANY AT ITS OPTION WILL VERIFY RISK LOSS EXPERIENCE

In accordance with the Fair Credit Reporting Act, Public Law 91-508, effective April 25, 1971, the Insured is hereby advised that as part of our underwriting procedure, a routine inquiry and/or inspection may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

The undersigned Producer agrees to be responsible for any earned premiums developed on this application, and consequent policy, endorsements and renewals.

DATE OF APPLICATION _____ PRODUCER'S LICENSE NO. _____ SIGNATURE OF PRODUCER _____

DATE _____ SIGNATURE OF APPLICANT _____

PAGE 2 MUST BE COMPLETED AND SUBMITTED WITH THIS SECTION



1. APPLICANT'S NAME

(Name of risk to which this section attaches)

TYPE OF RISK COMMERCIAL: NEW CONSTRUCTION RENOVATION RESIDENTIAL NEW CONSTRUCTION

2. RISK LOCATION

STREET ADDRESS _____

CITY, COUNTY, ST., ZIP _____

3. TYPE OF CONSTRUCTION

JOISTED MASONRY BLOCK, STRUCTURED STEEL WALLS & ROOF (NON-COMBUSTIBLE) FRAME
 CONCRETE, HOLLOW CONCRETE BLOCK, STEEL WALLS, WOOD ROOF OTHER (Describe) _____

TYPE OF	PROT.	NUMBER	BASE-	YEAR	TOTAL
ROOF	CLASS	STORIES	MENT	BUILT	AREA

WILL CONSTRUCTION BE COMPLETED BY A LICENSED AND BONDED CONTRACTOR? YES NO (If no, attach explanation.)

4. TYPE OF BUILDING (Occupancy when completed)

BUILDING #1 _____ BUILDING #2 _____

IF 2 OR MORE BUILDINGS, DISTANCE BETWEEN BUILDINGS _____ IF MORE THAN 2 BUILDINGS, ATTACH DIAGRAM OF PREMISES.

5. ESTIMATED COMPLETED VALUE

BUILDING #1 _____ BUILDING #2 _____

IF RENOVATION, VALUE OF EXISTING STRUCTURE: _____

IF RESIDENTIAL, COMPLETE THE FOLLOWING:

ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of total)
		MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
				\$	\$	\$	

6. ESTIMATED TERM OF POLICY 6 MONTHS 1 YEAR OTHER _____

7. TYPE OF SECURITY ON SITE?

WATCHMAN 24-HOUR NIGHT DAY LIGHTED FENCED CENTRAL ALARM

8. BUILDING SPRINKLERED? YES NO **9. EARTHQUAKE AND FLOOD REQUESTED?** YES NO

NAME & ADDRESS

INTEREST

LOSS PAYEE
 ADDITIONAL INSURED
 LOSS PAYEE
 ADDITIONAL INSURED
 LOSS PAYEE
 ADDITIONAL INSURED
 LOSS PAYEE
 ADDITIONAL INSURED

PAGE 1 MUST BE COMPLETED AND SUBMITTED WITH THIS SECTION