



Requested Effective Date: \_\_\_\_\_

Pearl Use Only Rep: \_\_\_\_\_

ID: \_\_\_\_\_

**A. CUSTOMER INFORMATION**

Business name: \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Years in business: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Legal entity:  Corporation  Individual  Limited liability co  Partnership  
 Other: \_\_\_\_\_

**B. POLICY INFORMATION**

1. Incident limit:  1000000  2000000

2. Aggregate limit:  2000000  4000000

3. Property deductible:  500  1000  2500  5000

4. Effective date: \_\_\_\_\_

**C1. BUILDING LOCATION INFORMATION**

5. Address: \_\_\_\_\_

6. Address 2: \_\_\_\_\_

7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Year built: \_\_\_\_\_ Year roof update: \_\_\_\_\_ Year electrical update: \_\_\_\_\_

9. Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire Resistive  Fire Resistive/Superior

10. Business personal property limit: \$ \_\_\_\_\_ or  \$1,000 minimum

11. Office square feet: \_\_\_\_\_ (If home office, only square feet of workspace)

12. Number of stories: \_\_\_\_\_

13. Building limit (for commercial property only): \$ \_\_\_\_\_ (additional info needed if building owner)

14. Central fire alarm:  YES  NO Sprinkler system:  YES  NO

15. Distance from fire hydrant: \_\_\_\_\_ feet Distance from fire department: \_\_\_\_\_ miles

16. Estimated annual sales: \$ \_\_\_\_\_ Annual payroll: \$ \_\_\_\_\_

17. Is building completely occupied?  YES  NO Sole occupant:  Multiple occupancy:

a. If no, what percent is occupied? \_\_\_\_\_% b. What percentage are you occupying? \_\_\_\_\_%

18. Number of full time employees \_\_\_\_\_ Number of part time employees \_\_\_\_\_

19. Are there any manufacturing chemicals, plastics, oil, gas, wood products or lumberyard exposures within 75 feet?  
 YES  NO

20. Vacant acreage on premises?  YES  NO How many acres? \_\_\_\_\_ Description: \_\_\_\_\_



C2. SECOND BUILDING LOCATION INFORMATION (if more than 2 buildings, attach separate completed form)

- 5. Address:
6. Address 2:
7. City: State: Zip:
8. Year built: Year roof update: Year electrical update:
9. Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Modified Fire Resistive Fire Resistive/Superior
10. Business personal property limit: \$ or \$1,000 minimum
11. Office square feet: (If home office, only square feet of workspace)
12. Number of stories:
13. Building limit (for commercial property only): \$ (additional info needed if building owner)
14. Central fire alarm: YES NO Sprinkler system: YES NO
15. Distance from fire hydrant: feet Distance from fire department: miles
16. Estimated annual sales: \$ Annual payroll: \$
17. Is building completely occupied? YES NO Sole occupant: Multiple occupancy:
a. If no, what percent is occupied? % b. What percentage are you occupying? %
18. Number of full time employees Number of part time employees
19. Are there any manufacturing chemicals, plastics, oil, gas, wood products or lumberyard exposures within 75 feet? YES NO
20. Vacant acreage on premises? YES NO How many acres? Description:

D. ENGINEER UNDERWRITING

- 21. Which of the following operations, activities, or specialties are you engaged in?
Asbestos abatement Oil/gas/chemical industry Underground storage tank installation or removal
Tunnel design Environmental remediation Underwater inspection or operations
Weapons, munitions or armaments None of the above
22. What is the nature of your engineering work? (Select all that apply)
Aerospace or Aviation Electrical Mechanical
Civil Environmental Structural
Consulting Geotechnical Surveying
Other:
23. Are you a Licensed Architectural, Engineering, or Surveying firm? YES NO
24. Do you currently have Professional Liability Insurance? YES NO
a. If yes, what is the name of the carrier?
25. Actively engaged in construction work, hiring contractors? YES NO
a. If yes, please explain:
26. Do you dispose hazardous waste? YES NO
27. What percentage of your operation is conducted away from the applicant's premises? %



28. Description of Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Has Insurance coverage been cancelled, declined, or non-renewed in the last 3 years?  YES  NO  
 Prior Carrier Retired from Market or Insolvent  Prior Carrier No Longer Writing Class of Business  
 Agent no longer represents prior carrier  Non-Pay Cancellation– 1 Occurrence in last 3 years  
 Non-Pay Cancellation– 2 or more Occurrences in last 3 years  Other Carrier “Class of Business” Appetite/Eligibility  
 Other: \_\_\_\_\_

30. During the past 5 years, has your business had any bankruptcies, tax or credit liens?  YES  NO

31. How many years experience do you have in the field? \_\_\_\_\_

32. Do you have more than 50% interest in another business?  YES  NO  
a. Is the other business listed as a named insured in this submission?  YES  NO  
b. If no, please list: \_\_\_\_\_

33. Have you included the exposures associated with other business in submission?  YES  NO  
a. If no, please describe: \_\_\_\_\_

34. Are named insureds and exposures insured elsewhere?  YES  NO

35. If yes, do any or all businesses insured have more than 50% ownership in work out of same location?  
 YES  NO

**E. BILLING OPTION**

FULL  TWO PAYMENTS  FOUR PAYMENTS  25% DOWN PAYMENT– Monthly Installments

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_