



New Account Form

General Information

How did you hear about us? _____

Do you have any current problems with your coverage or service? (If No-what can I help you with?)

Current address _____

Number of years at this address _____

Address of new home if not same _____

Applicant Name _____

Co-applicant Name _____

Phone Number _____

SSN _____ DOB _____

Co-app SSN _____ DOB _____

Any losses in the last 5 years _____

Year Built _____ Square feet _____ Construction _____

of Employees _____

Description of Business (typical job, get number of jobs per year for each type)

% of Residential business _____ % of Commercial business _____

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Insurance Requirements (lease, liability or property, etc.) *Will need a copy of the lease*

Property Notes

Building

Current Insurance Coverage (Insurance Company, Insurance Agency, Ex-date) _____

Location of Property _____

Other businesses occupying the building _____

Square Footage of Property _____

Construction of Building _____

Construction of Trusses(wood trusses, metal, joist, etc)

Type of Roof _____

Year Building was Build _____

Replacement Cost Value of Property _____

Mortgagee (Bank Name) _____

Mortgagee Address _____

Additional Insureds _____

Type of Security System _____

Fire Alarm _____

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Distance to Fire Hydrant _____

Distance to Fire Station _____

Building sprinklered? _____

Last Update on Roof _____

Property Notes con't.

Last Update on Wiring _____

Is wiring made of copper _____

Last update on plumbing _____

Is plumbing made of copper _____

Last update of A/C Heating _____

Contents – *contents that are bolted down or can't be moved not included in contents*

Type of contents _____

Value of Contents _____

Signs (Height, Width, Construction, Value, attached, dettached) _____

Glass front (size of window, type of glass, painted, tinted, etc) _____

Pools (i.e. Hotel - Construction, Depth, Year Built, Safety Rules Posted, Diving Boards, Fence, Locking Gate, Hours Open)

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Recreational Facilities (i.e. Country Club - Club House, Fitness Center, Tennis Courts-ask Building Questions) _____

Tenants

List of Tenants (operations of the tenants) _____

Business Income

Gross Sales Amount (put in GL section too) _____

Details of Property Losses

MUST HAVE LAST 3 YEARS OF LOSS RUNS IF THERE HAVE BEEN ANY LOSSES IN LAST 5 YEARS

Builders Risk

Current Insurance Coverage (Insurance Company, Insurance Agency, Ex-date)

Location of Property(ies) _____

Value of Building _____

Type of Construction _____

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Custom Home or Spec Home _____

How long until Occupied? _____

*If the building will be occupied in less than one year, let the prospect know the premium is still the same (fully earned premium).

Workers Comp

Current Insurance Coverage (Insurance Company, Insurance Agency, Ex-date) _____

Number of Classes _____

Payroll by Class _____

Require Subcontractors to carry own WC insurance? (see GL) _____

What type of subs used? _____

What limits are the subs required to carry? _____

Current Experience Model (3 calendar yrs prior claims exp; prem vs. claims)

Safety Program in effect _____

Drug Free Program in effect _____

Details of Losses _____

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MUST HAVE LAST 3 YEARS OF LOSS RUNS IF THERE HAVE BEEN ANY LOSSES IN LAST 5 YEARS

Business Auto

Current Insurance Coverage (Insurance Company, Insurance Agency, Ex-date) _____

Reg. Names _____

Owners SSNs _____

Owners Home Address _____

Auto Garage Address _____

Drivers _____

DL #s _____

D.O.B. _____

Married _____

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List of Autos _____

VIN #s _____

Make, Model, Year of each Vehicle _____

Personal Use _____

Major Traffic Violations in Last 5 years _____

Major Losses in last 5 years _____

**MUST HAVE LAST 3 YEARS OF LOSS RUNS IF THERE HAVE
BEEN ANY LOSSES IN LAST 5 YEARS**

Liability

Current Insurance Coverage (Insurance Company, Insurance Agency, Ex-date) _____

Gross Sales _____

Payroll _____

Vacant Land (acreage and locations) _____

Real Estate Development (acreage and locations) _____

Sub Cost _____

Require written contract for all subs _____

Limits of GL for subs _____

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Named as AI _____

How are designs obtained? Do you design or do you buy and sell?

Professional Liability Limits for design professionals _____

D&O – Directors & Officers

Current Insurance Coverage (Insurance Company, Insurance Agency, Ex-date) _____

Positive fund balance _____

Paid Employees _____

Officers and Board Members _____

Details of Losses _____

MUST HAVE LAST 3 YEARS OF LOSS RUNS IF THERE HAVE BEEN ANY LOSSES IN LAST 5 YEARS

Other Notes

