



Best Choice Insurance Agency
3701 North St. Peters Parkway Ste A
St. Peters, MO 63376
Ph: 636-229-4510 Fax: 636-229-4810
Email: service@bestchoiceinsurance.com
www.bestchoiceinsurance.com

Commercial Umbrella Application

This is an "occurrence" policy application. "Claims made" underlying policies are prohibited.

Fill in form & print then FAX TO: 636-229-4810

ATTN: Pamela Hopper or Mike Boone

or

Fill in form, save to computer and email to service@bestchoiceinsurance.com

Contact Information

Name

Business Name

Email Address

Mailing Address

Mailing Address

City, State, Zip

Phone Numbers Home Work

Fax

How would you prefer to be contacted regarding your quote?

Select One

If you would prefer to be contacted by phone, please let us know the best time to call:

Select One

1 Name of applicant and all affiliated companies

Name of applicant and all affiliated companies continued

2 Location Address/Property Address

City - St - Zip

3 Any Foreign Operations? Yes No

If yes to question 3 please indicate where.

4 Give complete description of the applicants operations.



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<input type="text"/>	<input type="text"/>
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5 Annual Sales or Gross Receipts

Payroll

Number of Employees

Years in Business

Coverage Information

6 Limit of Liability Requested

If other, Please list here

In excess of primary or self insured retention.

7 Has Applicant previously carried Umbrella or Excess coverage? Yes No

If yes, give name of Insurer, Policy Number, Limits of Liability, and Expiration Date.

8 Has any insurer rejected, cancelled, or refused renewal of any Umbrella or Excess Coverage? Yes No

If yes, give name of Carrier & Reason.

Premises - Operations

11 Construction of Bldg. is:

Fire Resistive %

Masonry/Block %

Frame or Brick Veneer %

12 Date Built?

No. of Stories

No. of Elevators



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13 Part Occupied by Applicant: Interest:

14 Describe Business of Tenant if applicable

15 Applicant's exposure basis for policy rating:

Total Floor Area:

Parking Area:

No. of Units:

Receipts other than room rental:

Persons

Admissions

Other

16 Does Applicant maintain a Pool, Lake, or Bathing Beach? Yes No
If yes, describe security (fencing, life guards, etc.)

17 Does Applicant or Tenant handle, use or store chemicals? Yes No
Does Applicant have underground storage tanks or premises owned or leased? Yes No
Is Applicant aware of any prior use or storage of any chemicals on premises owned or leased? Yes No
If yes to any of these questions, describe



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18 Any Owned Autos? Yes No

If yes how many

Autos used for