

# CIBA Application For Commercial Insurance



You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at [CIBAServices@cibaservices.com](mailto:CIBAServices@cibaservices.com). Please type the name of the Insured/ Customer in the subject line of the e-mail.

If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

Broker and/or insured is required to sign.

Broker/Company:	Office:	Submitted By:
Phone Number:	Fax Number:	E-Mail Address:

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

Select Program(s) you're interested in:      Basic      Comprehensive (Includes Earthquake & Flood)      Property & Liability  
Property Only      Liability Only

**Vesting/Registered Owner Information:**

Account Name: \_\_\_\_\_ Owner      Property Manager  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Named Insured / Insurable Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**New CIBA Member**      **Prior CIBA Member**      If Prior Member, what year: \_\_\_\_\_

**Current CIBA Member**      Approximate number of properties enrolled: \_\_\_\_\_

Direct Bill Requested

Payment Plan Requested

Special Comments: \_\_\_\_\_

Insurance Certificate Monitoring (ICM) Service Quote Requested:      Yes      No

If yes, please indicate the number and type of certificate to be monitored:      Tenant      HOA      Service Providers

**For Non-Habitational Applicants:**

Number of Units: \_\_\_\_\_      Occupancy: % \_\_\_\_\_

Non-Habitational Tenant Operations: \_\_\_\_\_

Sample Lease      Attached      Rent Roll      Attached

Current Tenant Insurance Evidence (required)      Attached      Minimum Liability Requirements: \_\_\_\_\_

Do your service agreements require the contractor to have liability coverage?      Yes      No

If so, what are the minimum liability requirements \_\_\_\_\_

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## Property Information:

Location Address: \_\_\_\_\_ Part of SOV? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ EQ Zone: \_\_\_\_\_

Property Type:      Industrial      Mixed Tenancy (HAB & Retail)\*      Warehouse  
                         Retail Space      Planned Unit Development (PUD)      Vacant Land  
                         Condominium\*      Apartment Building/Complex\*      HOA\*  
                         Office Building      Other (Please Describe) \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ # of Units: \_\_\_\_\_ Mixed Tenancy Residential Square Footage: \_\_\_\_\_

Commercial Square Footage: \_\_\_\_\_ Building Replacement Value:\$ \_\_\_\_\_

Annual Rents:\$ \_\_\_\_\_ Contents:\$ \_\_\_\_\_

Year Built: \_\_\_\_\_ Building Construction?    Frame    Masonry    Fire Resistive    Year Building Last Remodeled/Retrofitted: \_\_\_\_\_

Roof Type?    Composition    Shake Shingle    Fire Resistive (Tile, Slate, Concrete)    Year Roof Last Replaced: \_\_\_\_\_

Number of years property owned by insured: \_\_\_\_\_

# of Buildings: \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Basements: \_\_\_\_\_

Sprinklers:    Full    Partial    None    Central Station Alarm:    Yes    No

Parking:    Underground    Tuck-Under    Carport    Separate    Attached    On-Grade

Parking Sq. Ft. and/or Number of Spaces: \_\_\_\_\_

Years Updated:    Wiring \_\_\_\_\_    Plumbing \_\_\_\_\_    HVAC \_\_\_\_\_    Fire/Life Safety \_\_\_\_\_

- a. Are driveways, parking & sidewalks in smooth repair?      Yes    No (please explain) \_\_\_\_\_
- b. Are stairs, porches, rails, landings and balconies in good repair?      Yes    No (please explain) \_\_\_\_\_
- c. Any graffiti on walls or fences?      No    Yes (please explain) \_\_\_\_\_
- d. Any garbage, debris or inoperable vehicles on premises?      No    Yes (please explain) \_\_\_\_\_
- e. Does structure have wood shake roof?      No    Yes

Are employees screened?    Yes    No

A. References?    Yes    No    B. Prior jobs?    Yes    No    C. Credit checks?    Yes    No    D. Criminal checks?    Yes    No

Crime and vandalism in neighborhood?    High    Medium    Low

Are tenants informed of crime and vandalism activity?    Yes    No

Are there any regular news bulletins by Ownership/Manager?    Yes    No

Automatic Earthquake Gas Shutoff Valve Installed?    Yes    No

*\*Supplemental Habitational Application Required*

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**Current Insurance Coverages:**

	Insurance Company	Limit	Deductible	Premium
Commercial General Liability:				
Excess General Liability:				
Property – All Risk:				
Property – Q & F:				

**Additional Insured Information:**

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
<b>Nature of Interest:</b>	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
<b>Nature of Interest:</b>	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Has this property or insured sustained a loss during the past 5 years?    No    Yes

Five Year Carrier Loss Runs are required.      Please check box if Carrier Loss Runs are attached

If not attached, please provide further explanation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please include additional pages if necessary.

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The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Note: To sign use pencil tool. If your version of Adobe Acrobat doesn't have a pencil tool, please print and fax to 818.638.8551.

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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