

# Snyder Insurance Services, Inc.

8801 Renner Ave. – Ste 410, Lenexa, KS 66219

Phone 800-874-6704 Fax 913-498-0212 Visit our website: [www.insurasset.com](http://www.insurasset.com)

## PLEASE COMPLETE PROPERTY UNDERWRITING DATA

<b>Business Name:</b> _____		<b>DBA:</b> _____	
<b>Mailing Address:</b> _____		<b>City</b> _____	<b>State</b> _____
<b>Work #</b> _____	<b>Fax #</b> _____	<b>Home #</b> _____	<b>Cell #</b> _____
Number of Years in Business: _____		Number of Years related experience: _____	
ANNUAL GROSS RECEIPTS: _____			

<b>REQUESTED EFFECTIVE DATE:</b> _____	<b>County property located in:</b> _____
	<b>Name of Fire Department/District:</b> _____
<b>Property location</b> <input type="checkbox"/> Same As Mailing Address <input type="checkbox"/> Location different than mailing address as follows: <b>Street:</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	

### COVERAGE LIMITS

Building Coverage	Personal Property	Business Interruption	Signs
\$ _____ <input type="checkbox"/> Leased <input type="checkbox"/> Owned Cause of loss – Special Coverage <b>100% Replacement Cost</b> (90% Coinsurance \$1,000 Ded) Co Use Only - 4% Inflation Guard <input checked="" type="checkbox"/> Include \$20,000 Sewer Backup	<b>Replacement Value</b> \$ _____ (Amount of Contents) <b>0% Inflation Guard</b> (90% Coinsurance - \$1000 Deductible) <input type="checkbox"/> Include \$20,000 Sewer Backup	Coverage to help pay monthly expenses in the event of a claim \$ _____ x12 <b>Monthly Business Expenses</b>  <b>Company Use Only</b> <b>BI Amount:</b> _____	<b>Actual Value</b> \$ _____ <input type="checkbox"/> Attached <input type="checkbox"/> Detached Coverage Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No

### REQUIRED INFORMATION FOR PROPOSAL

Square footage of Entire Building \_\_\_\_\_ Square Footage Occupied \_\_\_\_\_ Year Built \_\_\_\_\_  
 Type of Construction:     Metal/Steel     Brick/Masonry     Wood Frame     Other \_\_\_\_\_  
 Type of other business occupancies that are in your building \_\_\_\_\_  
 In a strip Mall:     Yes     No    In an Industrial Park     Yes     No    Double cylinder Deadbolts     Yes     No  
 Burglar Alarm:     None     Central     Local    Manufacturer \_\_\_\_\_  
 Fire Alarm:     None     Central     Local    Manufacturer \_\_\_\_\_  
 Is there a working sprinkler system?     Yes     No    If yes, % of building w/sprinkler \_\_\_\_\_  
 If building is over 25 years old check the following items that have been updated and when work completed:  
 Wiring/year \_\_\_\_\_     Roof/year \_\_\_\_\_     Heating/year \_\_\_\_\_     Plumbing/year \_\_\_\_\_  
 Exposure to the right of your building \_\_\_\_\_ Distance \_\_\_\_\_  
 Exposure to the left of your building \_\_\_\_\_ Distance \_\_\_\_\_  
 Exposure behind your building \_\_\_\_\_ Distance \_\_\_\_\_  
 Inside City Limits:     Yes     No    Distance to Fire Department \_\_\_\_\_ miles    Distance to hydrant \_\_\_\_\_ Ft  
 \*Number of Enclosed Pools \_\_\_\_\_     N/A     Indoor     Outdoor    # of Diving boards \_\_\_\_\_    Fenced:     Yes     No  
 Describe type of sign: \_\_\_\_\_    #of stories in building     1     1½     2     Other \_\_\_\_\_

**\*\*Complete this section if a landlord, leasing company for leased equipment or mortgage company will need proof of coverage \*\***

Mortgagee Name: _____ Street Address: _____ City/State/Zip _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Additional Insured <input type="checkbox"/> Evidence of Insurance Only (If more than 1 attach additional pages if necessary)
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**To the best of my knowledge, the following is a complete list of the losses we have incurred in the last five (5) years with respect to Property Insurance as it relates to the above Named Insured:     None     Details below**

<b>Date:</b> _____	<b>Type of Claim:</b> _____	<b>Amount Paid:</b> _____
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