



**Allied  
Insurance**

a member of Nationwide Insurance



**HOME LOAN**  
INVESTMENT  
Company  
*A century of strength.*

## Commercial Insurance Application

**Business Name:** \_\_\_\_\_

**Contact Name & Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

### Property:

**Year Built** \_\_\_\_\_ **Construction Type** \_\_\_\_\_

**Square Footage** \_\_\_\_\_ **Desired Deductible** \_\_\_\_\_

**Building Limit** \_\_\_\_\_

**Personal Property Limit** \_\_\_\_\_

**Building Sprinklered:**  Yes  No

**Burglar Alarm:**  Yes  No

**Central Station** or **Local Gong** (please circle)

**Fire Alarm:**  Yes  No

**Central Station** or **Local Gong** (please circle)

### Liability:

**Gross Annual Receipts:** \_\_\_\_\_

**Garage Keepers Limit:** \_\_\_\_\_

**Garage Keepers Deductible:** \_\_\_\_\_

**Number of Automatic Bays:** \_\_\_\_\_

**Number of Self Service Bays:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Is there an employee training program in place:**  Yes  No

**Is there a safety program in place:**  Yes  No

**Do you pick-up or deliver customers vehicles:**  Yes  No