

# CIBA Application For Commercial Insurance



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

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

Effective Date: \_\_\_\_\_ Program: 3/31 9/30 Both  
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: \_\_\_\_\_  
Premium Finance Quote Requested (California Only)  
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

## 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) \_\_\_\_\_

\*Supplemental Habitational Application Required

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## For Non-Habitational Applicants:

Number of Tenants: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Property Information:

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

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**Current Insurance Coverages:**

	Insurance Company	Limit	Deductible	Premium
Commercial General Liability:				
Auto Liability:				
Property – All Risk:				
Property – DIC:				

**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

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
<b>Please include additional pages if necessary.</b>			

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Comments/Explanations:

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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.

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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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