



We handle the tough stuff.

Penn-Star Supplemental Application

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

Mailing Address, city, state, zip: \_\_\_\_\_

Location address, city, state, zip: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_ Years in business: \_\_\_\_\_

Form of Business: Individual Partnership Corporation Other: \_\_\_\_\_

Business is located in: Commercial Building Private Residence

A. Commercial General Liability

GL limits requested:	100/200	100/300	300/300	300/600
	500/500	500/1 Mil	1 Mil/1 Mil	1 Mil/2 Mil

B. Commercial Property (optional)

1. A. Is property prohibited in our Coastal Guidelines? (If yes, decline property.) Yes No

B. Cause of loss: Basic Broad Special

C. Property deductible: 1,000 2,500 5,000 Other: \_\_\_\_\_

2. Building Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ Area: \_\_\_\_\_ sq.ft.

Building age: \_\_\_\_\_ Year of update to: \_\_\_\_\_ Roof Heating

\_\_\_\_\_ Plumbing Electric

3. Coverage desired: Limit Building & BPP Coinsurance

Building (no residential bldgs) \_\_\_\_\_ RC ACV 80 90 100

Business Personal Property \_\_\_\_\_ RC ACV

Business Income \_\_\_\_\_ 50 60 70 80 90 100 125 or 1/3 1/4 1/6

4. List any loss payees or mortgagees to be added: \_\_\_\_\_

C. Business Data

1. Is applicant a licensed commercial Adult Day Care provider? Yes No

2. State license number: \_\_\_\_\_ Years at this location: \_\_\_\_\_

3. Maximum number of clients permitted by license: \_\_\_\_\_ # on site at any given time: \_\_\_\_\_

4. Indicate client to supervisor ratio: \_\_\_\_\_

5. # full-time staff: \_\_\_\_\_ # part-time staff: \_\_\_\_\_

6. Describe specialized care given (handicapped, deaf, invalid, etc): \_\_\_\_\_





Adult Day Care Supplemental for Applicant: \_\_\_\_\_

**Notice of Insurance Information Practices:**

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**Coverage is not bound until approved by the Insurer.**

Applicant: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Producer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_