

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. 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: _____

Account Information: New Account Existing Account

Account Name: _____ Owner Property Manager

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Insured Information:

Named Insured / Insurable Interest: _____ **HOME STATE OF INSURED** (according to NRRA): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Location Information:

Address: _____

City: _____ State: _____ Zip: _____

Property Type:

Apartment	Office
Mixed Use Apartments	Self-Storage
Condominium	Warehouse
Mixed Use Condominiums	Light Industrial
Retail	

Loss History

Has this property or insured sustained a loss during the past 3 years? No Yes

Carrier Loss Runs Attached: Yes No (carrier loss runs required upon binding coverage)

Please provide loss information if carrier loss runs are not attached

Date of Loss	Type of Loss Description	Total Loss amount	Status (open or closed)

Coverage Desired:

Property Liability

Earthquake Crime Extended period of Indemnity

Target Premium: _____

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Additional Requests:

Direct Bill Requested

Payment Plan Requested

Renter's Liability Requested

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 Provider

Comments:

Expiring Policy Information:

	Effective Date	Insurance Company	Coverage Limit	Deductible	Expiring Premium
Commercial General Liability:					
Excess General Liability:					
Property - All Risk:					
Property - Q & F:					
TRIA - Liability					
TRIA - Property					

Additional Insured Information:

Loan #:

Name:

Address:

City: State: Zip:

Nature of Interest:	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

Please complete and attach the supplemental application for the property type indicated above

1. 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.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Billing Address: _____