



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
 2019 E Lamar Blvd, Suite 100
 Arlington, TX 76006
 817-277-6100 Phone
 817-261-7514 Fax

Commercial Fire Application

Applicant's Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Email Address: _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M. Standard Time at the address of the Applicant
 Phone: _____
 Fax: _____

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify) _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises Information

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

5. Previous Carrier and loss information (last three years):

Check if no losses last three years.

Year	Company	Policy #	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name(s) and/or policy number(s):				Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? (Not applicable in Missouri)		



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

6. Premises Information:

Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Building	\$				\$	
	Building	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
	Other	\$				\$	

Bldg. No.	Mortgagee or loss payee:	
	Additional coverages, restrictions and Endorsement information:	Other carriers participating on risk: 1. _____ % 2. _____ %

- Construction type: _____
- Protection class: _____
- Number of stories: _____
- Total square foot area: _____
- Total Number of units: _____
- Sprinklered? Yes No
- Operable smoke detectors? Yes No
- Year Built: _____

- Building remodeling (include year):
- | | | | |
|-----------|------------------------------|-----------------------------|-------------|
| Wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: _____ |
| Heating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: _____ |
| Plumbing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: _____ |
| Roof? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: _____ |
- Burglar alarm type: Local Central Station
 - Fire alarm type: Local Central Station

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE: _____ Date: _____