



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

Property / General Liability Application

Business Name: _____ PROPOSED EFFECTIVE DATE:
Mailing Address: _____ From _____ To _____
City/State/Zip: _____ 12:01 A.M. Standard Time at the address of the Applicant
Email Address: _____ Phone: _____
County: _____ Fax: _____

Contact Name: _____ Best Time To Call: _____ AM PM
Full-Time Employees _____ # Part-Time Employees _____ Years in Business: _____
Gross Annual Sales \$ _____ Gross Annual Payroll \$ _____
Describe the Nature of Business: _____

CURRENT INSURANCE INFORMATION

Company Name (not agency): _____ Policy Expiration Date: _____
Amount insured for: \$ _____ Years insured: _____ Premium Amount: \$ _____
Term: 6 Months 1 Year Other If Other: _____
If less than 3 years, prior company: _____
Prior Losses/Dates (last 3 years, include Description, Date, Amount): _____

COVERAGE

Building Limit: \$ _____ Contents Replacement Value: _____
Liability Limit (Occurrence/Aggregate): _____ Property Deductible: \$500 \$1000 \$2500
Type of Coverage: _____

CONSTRUCTION

Exterior: Frame Stucco Veneer Masonry Other Age of building: _____
Square footage of your business area? _____ Square footage of the entire building? _____
Roof: Metal Non-Combustible Concrete Wood Age of roof: _____
Stories in building: 1 2 3 4 5 + Updated Heating or Plumbing? Yes No
Within 1000 feet of a fire hydrant? Yes No
Within 5 miles of a fire station? Yes No
Central station Burglar Alarm? Yes No
Automatic sprinkler system covering 100% of your premises? Yes No

APPLICANT'S SIGNATURE _____ DATE _____