



McLeckie Insurance Group

120 Main Street
P O Box 770
Naples, Texas 75568-0770

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Fax 903-897-0062
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Applicant's Name: _____

Mailing Address: _____

Location of Risk: _____

Type of Risk/Occupancy: _____

Proposed Effective Date: From _____ To _____ Years in Business: _____

PROPERTY SECTION				
Exposure	Amount Requested	Coinsurance %	Valuation ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$			\$
Business Income #1	\$			\$
Building #2	\$			\$
Business Personal Property #2	\$			\$
Business Income #2	\$			\$
Other	\$			\$

PERILS: Basic Broad Special **Excluding Theft** Special **Including Theft** (Central Station Alarm Required)

Central Station Burglar Alarm: Yes No

WIND DEDUCTIBLE: \$ _____ THEFT SUBLIMIT: \$ _____

CRIME: \$ _____ FOOD SPOILAGE: \$ _____

Construction: _____ Protection Class: _____ Square Footage: _____

Year Built: _____ No. Stories: _____ Protective Devices: _____

Building Updates (include year): Wiring? _____ Heating? _____ Plumbing? _____ Roof? _____

Fire Alarm: Yes No If yes, type: _____ Sprinklered: Yes No

Cooking on premises: Yes No If yes, please answer the following: Ansul System: Yes No

Service agreement in place: Yes No

Mortgagee or Loss Payee: _____

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____

If so, explain _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

APPLICANT'S STATEMENT

I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter

Applicant's Signature _____ Applicant's Phone # _____

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT
 Section 817.234(1)(b). F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:
 It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM	
Base \$	_____
Fee \$	_____
Tax \$	_____
Total \$	_____