

THE USLI COMPANIES

U.S. UNDERWRITERS INSURANCE COMPANY

INSTITUTIONAL CARE PROPERTY APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

① Applicant				
② Address				
③ Coverage Information				
Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss (Perils)	Coins %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
④ Valuation	Actual Cash Value		*Replacement Cost	
Building(s)	_____		_____	
Personal Property	_____		_____	
*If Replacement Cost is checked, applicable Limits of Insurance must be equal to current Replacement Cost.				
⑤ Deductible _____				
⑥ Additional Coverages, Restrictions, Endorsements and Rating Information				

⑦ Previous Carrier _____ Expiration Date _____ Premium _____				
⑧ Claims Paid or Pending During Last 5 Years (By Years) _____				

⑨ Fire Rates and RCP Code (If Applicable) _____				

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address _____

Mail Completed Application
Through Local Agent or
Broker to: