



# WaterColor Management

INSURANCE & RISK MANAGEMENT

WaterColor Management  
PO BOX 1132  
Decatur, AL 35602  
Ph 256-260-0412 • Fx 888-512-1613  
WaterColorManagement.com

## PROPERTY SUPPLEMENTAL APPLICATION

Our company needs its quotation No Later Than: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

How did you hear about WaterColor Management? \_\_\_\_\_

Insured Name: \_\_\_\_\_

Phone: \_\_\_\_\_ FEIN: \_\_\_\_\_

How long in business?: \_\_\_\_\_

### UNDERWRITING:

EXPIRING RATE / PREMIUM : \_\_\_\_\_

EXPIRING DEDUCTIBLE: AOP \$ \_\_\_\_\_ WIND \$ or % \_\_\_\_\_

EXPIRING CARRIER: \_\_\_\_\_

PROPOSED RATE / PREMIUM: \_\_\_\_\_

**\*\*\*PLEASE ATTACH CURRENT FIVE YEAR LOSS RUNS\*\*\***

(Note – There is space for three locations on this application. If you have more than three locations, contact our office about a supplemental spreadsheet.) A location generally means property with its own individual address, but you can also use this for three buildings at one location if needed. Buildings are considered in the same location if they are within 100 feet of each other.

### LOCATION #1 - BUILDING #1

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Occupancy: \_\_\_\_\_

### Construction Type: This must be completed.

\_\_\_\_\_ Veneer (Exterior walls – thin stone/brick/etc)

\_\_\_\_\_ Joisted Masonry (Exterior- Masonry materials – Floors & Roof are combustible)

\_\_\_\_\_ Masonry Non-Combustible (Exterior masonry material/floors & roof metal or NC material)

\_\_\_\_\_ Fire Resistive (Exterior walls, floors & roof are masonry or fire resistive material)

Number of Stories: \_\_\_\_\_

Number of Basements: \_\_\_\_\_

**Building Conditions and Updates:**

Year Built: \_\_\_\_\_ Bldg Square Feet: \_\_\_\_\_ Occupied Square Feet: \_\_\_\_\_

Any updates to the Building since construction? (Year Updated) Must be within 25 years to conform to applicable building codes.

Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_

What type of wiring: \_\_\_\_\_ What type of insulation: \_\_\_\_\_

Has the insured had an appraisal done in the last five years?      Yes      No

If "YES," Please attach a copy.

**Roof Type: This must be completed.**

Composition      Metal      Poured      Slate      Tile      Shingle      Other

**Premises Fire Protection:** Hurricane Shutters:      Yes      No

Distance in feet to fire hydrant: \_\_\_\_\_ Fire Protection Class Rating: \_\_\_\_\_

Distance in miles to the nearest Fire Station: \_\_\_\_\_

**Protective Safeguards:** Please check all that apply

<b>P1</b> – Automatic Sprinkler System	<b>P11</b> – Vacant Sections Secured / Locked
<b>P2</b> – Automatic Fire Alarm – Entire Bldg	<b>P13</b> – Locked Fence on construction site
<b>P3</b> – Security Service/Recording System- Hourly rounds covering entire building when not in operation	<b>P14</b> – Watchman on premises when work not being conducted on construction site
<b>P4</b> – Fire Dept Service Contract	<b>P16</b> – NFPA 780 Installed lightning protection
<b>P5</b> – Functioning Smoke Detectors	<b>P17</b> – Flammable Liquids Stored in NFPA 30 approved cabinet
<b>P6</b> – Functioning Circuit Breakers	<b>P18</b> – No Smoking Signs Posted/Enforced
<b>P7</b> – Functioning Central Station Alarm	<b>P19</b> – No Structural work on load bearing walls
<b>P8</b> – Functioning Surge Protectors used on all computer & audio/video equipment	<b>P22</b> – Water is off unless 100% Sprinklered and the system is drained
<b>P10</b> – Functioning Fire Suppression System per NFPA on all cooking equipment	<b>P23</b> – Maintain Heat level to prevent frozen pipes

**Subject of Insurance: (Check all that apply)**

Building Coverage Amount \$ \_\_\_\_\_ Coinsurance 90% DED \$ \_\_\_\_\_

Personal Property (Contents) Coverage Amount \$ \_\_\_\_\_ Coinsurance 90% DED \$ \_\_\_\_\_

Extra Expense Coverage Amount \$ \_\_\_\_\_ Coinsurance 90% DED \$ \_\_\_\_\_

Business Income (1/6<sup>th</sup>) Coverage Amount \$ \_\_\_\_\_ Coinsurance 90% DED \$ \_\_\_\_\_

Ordinance & Law Coverage: 0% 5% 10% 15% 20% 25%

Other \_\_\_\_\_ Coverage Amount \$ \_\_\_\_\_ Coinsurance 90% DED \$ \_\_\_\_\_

Do you store any chemicals or other materials in the building with a flash point lower than 100 degrees Fahrenheit? Yes No If Yes, describe on separate sheet of paper.

Are stairwells enclosed with fire doors? Yes No

Are there illuminated exit signs? Yes No

Is emergency lighting installed? Yes No

**COMMENTS:**

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**OTHER BUILDINGS AND LOCATIONS CONTINUED ON NEXT PAGE.**

THE APPLICANT HAS PROVIDED THE ABOVE INFORMATION TO THE BEST OF ITS KNOWLEDGE AND ABILITY, AND WARRANTS TO THE EXTENT KNOWN THAT ALL RESPONSES ARE TRUE AND ACCURATE. WILLFUL MISREPRESENTATIONS WILL BE CONSIDERED FRAUD AND CAN LEAD TO NULLIFICATION OF COVERAGE.

COASTAL STATES ACKNOWLEDGEMENT. THE APPLICANT AGREES THAT COVERAGES AND DEDUCTIBLES MAY VARY BASED ON THE PROPERTY LOCATION IN RELATION TO HURRICANE OR WIND EXPOSURE ZONES AS DEFINED BY THE INSURER.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT TITLE

**LOCATION # - BUILDING #** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Occupancy:** \_\_\_\_\_

**Construction Type: This must be completed.**

\_\_\_\_\_ Veneer (Exterior walls – thin stone/brick/etc)

\_\_\_\_\_ Joisted Masonry (Exterior- Masonry materials – Floors & Roof are combustible)

\_\_\_\_\_ Masonry Non-Combustible (Exterior masonry material/floors & roof metal or NC material)

\_\_\_\_\_ Fire Resistive (Exterior walls, floors & roof are masonry or fire resistive material)

**Number of Stories:** \_\_\_\_\_ **Number of Basements:** \_\_\_\_\_

**Building Conditions and Updates:**

**Year Built:** \_\_\_\_\_ **Bldg Square Feet:** \_\_\_\_\_ **Occupied Square Feet:** \_\_\_\_\_

Any updates to the Building since construction? (Year Updated) Must be within 25 years to conform to applicable building codes.

**Roof** \_\_\_\_\_ **Electrical** \_\_\_\_\_ **Wiring** \_\_\_\_\_ **Plumbing** \_\_\_\_\_

**What type of wiring:** \_\_\_\_\_ **What type of insulation:** \_\_\_\_\_

**Has the insured had an appraisal done in the last five years?** Yes No

If “YES,” Please attach a copy.

**Roof Type: This must be completed.**

**Composition** Metal Poured Slate Tile Shingle Other

**Premises Fire Protection:** Hurricane Shutters: Yes No

**Distance in feet to fire hydrant:** \_\_\_\_\_ **Fire Protection Class Rating:** \_\_\_\_\_

**Distance in miles to the nearest Fire Station:** \_\_\_\_\_

**Do you store any chemicals or other materials in the building with a flash point lower than 100 degrees Fahrenheit?** Yes No **If Yes, describe on separate sheet of paper.**

**Are stairwells enclosed with fire doors?** Yes No

**Are there illuminated exit signs?** Yes No

Is emergency lighting installed?                      Yes                      No

**Protective Safeguards: Please check all that apply**

<b>P1</b> – Automatic Sprinkler System	<b>P11</b> – Vacant Sections Secured / Locked
<b>P2</b> – Automatic Fire Alarm – Entire Bldg	<b>P13</b> – Locked Fence on construction site
<b>P3</b> – Security Service/Recording System- Hourly rounds covering entire building when not in operation	<b>P14</b> – Watchman on premises when work not being conducted on construction site
<b>P4</b> – Fire Dept Service Contract	<b>P16</b> – NFPA 780 Installed lightning protection
<b>P5</b> – Functioning Smoke Detectors	<b>P17</b> – Flammable Liquids Stored in NFPA 30 approved cabinet
<b>P6</b> – Functioning Circuit Breakers	<b>P18</b> – No Smoking Signs Posted/Enforced
<b>P7</b> – Functioning Central Station Alarm	<b>P19</b> – No Structural work on load bearing walls
<b>P8</b> – Functioning Surge Protectors used on all computer & audio/video equipment	<b>P22</b> – Water is off unless 100% Sprinklered and the system is drained
<b>P10</b> – Functioning Fire Suppression System per NFPA on all cooking equipment	<b>P23</b> – Maintain Heat level to prevent frozen pipes

**Subject of Insurance: (Check all that apply)**

Building                                      Coverage Amount \$ \_\_\_\_\_ Coinsurance    90%    DED \$ \_\_\_\_\_

Personal Property (Contents) Coverage Amount \$ \_\_\_\_\_ Coinsurance    90%    DED \$ \_\_\_\_\_

Extra Expense                              Coverage Amount \$ \_\_\_\_\_ Coinsurance    90%    DED \$ \_\_\_\_\_

Business Income (1/6<sup>th</sup>)                      Coverage Amount \$ \_\_\_\_\_ Coinsurance    90%    DED \$ \_\_\_\_\_

Ordinance & Law Coverage:                      0%                      5%                      10%                      15%                      20%                      25%

Other \_\_\_\_\_ Coverage Amount \$ \_\_\_\_\_ Coinsurance    90%    DED \$ \_\_\_\_\_

**COMMENTS:**

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**LOCATION # - BUILDING #**

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Occupancy:** \_\_\_\_\_

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**What type of wiring:** \_\_\_\_\_ **What type of insulation:** \_\_\_\_\_

**Has the insured had an appraisal done in the last five years?**      Yes      No

If “YES,” Please attach a copy.

**Roof Type: This must be completed.**

**Composition**      **Metal**      **Poured**      **Slate**      **Tile**      **Shingle**      **Other**

**Premises Fire Protection:** Hurricane Shutters:      Yes      No

**Distance in feet to fire hydrant:** \_\_\_\_\_ **Fire Protection Class Rating:** \_\_\_\_\_

**Distance in miles to the nearest Fire Station:** \_\_\_\_\_

**Do you store any chemicals or other materials in the building with a flash point lower than 100 degrees Fahrenheit?** Yes      No      If Yes, describe on separate sheet of paper.

**Are stairwells enclosed with fire doors?**      Yes      No

**Are there illuminated exit signs?**      Yes      No

Is emergency lighting installed?                      Yes                      No

**Protective Safeguards: Please check all that apply**

<b>P1</b> – Automatic Sprinkler System	<b>P11</b> – Vacant Sections Secured / Locked
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Other \_\_\_\_\_ Coverage Amount \$ \_\_\_\_\_ Coinsurance    90%    DED \$ \_\_\_\_\_

**COMMENTS:**

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