

### HOSPITAL PROPERTY – NEW BUSINESS APPLICATION

#### SECTION I – ENTITY INFORMATION

<b>Effective Date:</b>		<b>Need By Date:</b>		<b>Bid Date:</b>	
<b>TYPE OF HOSPITAL</b>	<input type="checkbox"/> PUBLIC		<input type="checkbox"/> PRIVATE		
	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Hospital District		<input type="checkbox"/> Non-profit; description: <i>(501c, foundation, trust, etc.)</i> <input type="checkbox"/> For profit; description: <i>(Corporation, LLP, Etc.)</i>		
<b>NAME OF ENTITY:</b>			Federal ID Number (FEIN):		
Address:					
County:		City:		State:	Zip:
Entity Web Address:			Population:		
<b>ENTITY CONTACT:</b>		Title:			
Last Name:			First Name:		
Office Phone:			Office Fax:		

#### SECTION II – AGENCY & AGENT INFORMATION – (\*Need copies of Agency & Producer Licenses)

<b>AGENCY NAME:</b>					
Address:					
City:		State:		Zip:	
<b>PRODUCER CONTACT:</b>		Last Name:		First Name:	
Office Phone:			Office Phone Extension:		
Cell Phone:			Office Fax:		
Email Address:					
*Agency License Number:			*Producer License Number:		

#### SECTION III – COVERAGES REQUESTED

Line of Business (Check Box if Requested)			
<input type="checkbox"/> Property	<input type="checkbox"/> Inland Marine		
<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Crime		

**Note: Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal civil penalties.**

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent or Broker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## SECTION IV – EXPIRING POLICY INFORMATION

Coverage	Premium	Carrier	Policy Limit	Deductible
Property	\$		\$	\$
Equipment Breakdown	\$		\$	\$
Inland Marine	\$		\$	\$
Crime	\$		\$	\$

**Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense, reserved loss and loss expense and description of loss by line for the past 5 years.**

Has any company canceled or declined to renew any of these coverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Have there been any losses paid or reserved over \$25,000 in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Does the Entity have any knowledge of any incident(s), accident(s), or occurrence(s) which may result in a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	

## SECTION V – RISK MANAGEMENT

**Does the Entity have the following?:**

Safety / Loss Control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disaster Mgmt & Recovery program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Safety/Loss Control meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADA Compliance Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property & premise inspection, maintenance and upkeep program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## PROPERTY / EQUIPMENT BREAKDOWN

**Please attach a signed Excel spreadsheet property schedule with location numbers, address (including zip code), protection class, private protection (i.e., sprinklered; smoke detection), square footage, construction, age and occupancy. Values shown must be at 100% Coinsurance.**

Coverage	Limits	Deductible	Coins %
<input type="checkbox"/> Building	\$	\$	
<input type="checkbox"/> Contents	\$	\$	
<input type="checkbox"/> Equipment Breakdown	\$	\$	
<input type="checkbox"/> Business Income / Extra Expense *	\$	\$	
<b>* To calculate needed limits, complete the Stone Oak Business Income/Extra Expense worksheet (Download at <a href="http://www.stoneoak.com">www.stoneoak.com</a>)</b>			
<input type="checkbox"/> Earthquake	\$	\$	N/A
<input type="checkbox"/> Flood	\$	\$	
<input type="checkbox"/> Windstorm / Hail	\$	\$ %	
<b>Underwriting Assessment</b>			
Any vacant buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any buildings currently under construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cooking areas equipped with an automatic fire extinguishing system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For ALL buildings 25 years old or greater have the following been updated within the past 10 years?</b>			
Electrical systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HVAC systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofs been replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INLAND MARINE

**Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.**

Coverage	Limits	Deductible
Accounts Receivable	\$	\$
Computer Equipment	\$	\$
Contractor's Equipment	\$	\$
Fine Arts	\$	\$
Leased, Rented or Borrowed Equipment	\$	\$
Miscellaneous Property Floater (Scheduled)	\$	\$
Miscellaneous Property Floater (Unscheduled)	\$	\$
Mobile Medical Diagnostic Equipment	\$	\$
Radio Towers (need description if over 100 feet)	\$	\$
Valuable Papers	\$	\$
Other (describe):	\$	\$

## CRIME

Insuring Agreement(s) Requested	Limit	Deductible
Employee Theft Coverage – Per Loss Coverage *	\$	\$
Employee Theft Coverage – Per Employee Coverage *	\$	\$
Forgery or Alteration	\$	\$
Inside the Premises – Theft of Money and Securities	\$	\$
Inside the Premises – Robbery or Safe Burglary of Other Property	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Paper Currency	\$	\$
<b>* IS COVERAGE EXTENDED TO PROVIDE FAITHFUL PERFORMANCE OF DUTY?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Security Provisions (please check ALL that apply)</b>		
<input type="checkbox"/> Annual audit conducted	<input type="checkbox"/> Internal audit program	
<input type="checkbox"/> Monthly bank reconciliations performed	<input type="checkbox"/> Employee background checks conducted	
<input type="checkbox"/> Two signatures secured on checks	<input type="checkbox"/> Employee references checked	
Number of Class A Employees (handles money):	Number of Class B (all other):	