



## Package Insurance Application (Property/Liability)

### OWNER /OPERATOR INFORMATION

Owner/Operator Name: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_  
FEIN: \_\_\_\_\_ # of Freestanding \_\_\_\_\_ # of Other Locations \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_  
Type of Entity: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ LLC: \_\_\_\_\_ Other: \_\_\_\_\_  
Contact : \_\_\_\_\_ E-mail : \_\_\_\_\_  
Tel # : \_\_\_\_\_ Fax # : \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

### OFFICE INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Own Building       Lease Space      Square Footage: \_\_\_\_\_  
Construction:       Frame       Joisted Masonry       Fire Resistive       Masonry  
Are there Sprinklers:       Yes       No  
Values:      Building: \_\_\_\_\_      Contents: \_\_\_\_\_

(If more than one office, attach additional office information)

### STORAGE/WAREHOUSE/TRAILER INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Own Building       Lease Space      Square Footage: \_\_\_\_\_  
Construction:       Frame       Joisted Masonry       Fire Resistive       Masonry  
Are there Sprinklers:       Yes       No  
Values:      Building: \_\_\_\_\_      Contents: \_\_\_\_\_

(If more than one storage/warehouse, attach additional storage/warehouse information)

### ADDITIONAL COVERAGE

Are you interested in EPLI coverage?       Yes       No  
Do you require Bonds?       Yes       No  
Do you require Workers Compensation?       Yes       No

INSURED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

16506 Pointe Village Drive Suite 103 Lutz, FL 33558  
877-200-1718 ♦ 813-926-1721 ♦ Fax: 813-926-1724

Email: [Adam.Besnard@besnardinsurance.com](mailto:Adam.Besnard@besnardinsurance.com) Web: [www.besnardinsurance.com](http://www.besnardinsurance.com)



**PLEASE INCLUDE 3 YEARS OF HARD COPY LOSS RUNS**

**STORE INFORMATION**  
(photo copy this page as needed, per store)

National Store #: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Store Type:

Free Standing  Other (explain): \_\_\_\_\_

Construction:  Frame  Joisted Masonry  Fire Resistive  Masonry

Are there Sprinklers:  Yes  No

Play Land:  Interior  Exterior  Interior /Exterior  None

Square Footage: \_\_\_\_\_ Yr. Built: \_\_\_\_\_ # of Parking Spaces: \_\_\_\_\_

Drive-Thru: \_\_\_\_\_% Seating Capacity: \_\_\_\_\_

ATM at store location:  Yes  No If Yes do you  Own ATM  Lease ATM

WIFI:  Yes  No

Are Deliveries made from this location:  Yes  No

Annual Sales: \_\_\_\_\_ Transaction Count: \_\_\_\_\_

<b>Broker use only</b>
TIV: _____

**OTHER EXPOSURES**  
**(EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)**

Exposure Description: \_\_\_\_\_

Value of Property: \_\_\_\_\_

Completion of this application does not establish a contract of insurance; coverage is not effective for this insurance term until approval by the insurance company.

# LOCATION INFORMATION

(photo copy this page as needed, per store)

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Broker use only

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