



Mercer Consumer

a service of *Mercer Health & Benefits Administration LLC*

For office use only

- A. Please type or print clearly in ink.
- B. All applicants should complete Section 1-Business Information. Complete Section 2-Business Owners Package and/or Section 3-Worker's Compensation on if coverage is desired.
- C. Provide a copy of your expiring Declarations page for each selected coverage as well as any optional coverage and/or schedule pages.

If you need additional space, please continue on a separate sheet of your business letterhead.

Supplemental information may be required.

Contact information:

Business Name: _____
 Mailing Address: _____

 Location Address: _____
 (include county) _____
 Contact Name: _____
 Phone Number: _____
 Fax Number: _____
 E-mail Address: _____
 Website Address: _____

Section 1-Business Information

Detailed business description that includes all operations: _____
 Professional Organization Memberships: _____
 Business Type (please select one): Sole Proprietorship _____ Partnership _____ Corporation _____ Other (please explain) _____
 Estimated Annual Receipts: \$ _____
 Number of years in business: _____
 Number of years of experience in field: _____
 Do you own or operate any other business other than the business listed above? Yes No If yes, describe operations: _____

Section 2-Business Owners Package	Requested Effective Date:
<p>Property Information: Building Replacement Costs (if you own it) \$ _____ If building coverage is being provided, list all occupants and provide the square footage of each occupant's space. Also, please indicate the square footage of any vacant area. Contents Replacement Costs Value \$ _____ -Includes equip., supplies, furniture, improvements and betterments (in lease)</p> <p>Location Information: Check appropriate box for Building Construction* <input type="checkbox"/> Frame <input type="checkbox"/> Non-Combustible Masonry <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive</p> <p><small>*see construction definitions on <u>bottom</u> of page 2</small></p>	<p>Building Age _____ Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No If sprinkled, are they wet or dry? No. of Stories _____ Air Conditioner <input type="checkbox"/> Yes <input type="checkbox"/> No Occupied Square Footage _____ Is location building over 30 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to above, please provide the year of update for each of the following: Plumbing _____ Electrical _____ Heating _____ Roof _____ Any exposing property within 60 feet of property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.</p> <p>Liability Information: Check appropriate box for General Liability limits needed <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$4,000,000</p>

Insurance History:
 Please provide insurance history for the past 3 years. If there was no coverage in place for a given year, please indicate "None".

Insurance Company	Policy Number	Expiration Date	Annual Premium	# of Claims

Has any like coverage been declined, cancelled, or non-renewed within the past 3 years? Yes No If yes, please explain.

Section 3-Worker's Compensation**Requested Effective Date:**

Federal Employers Identification Number: _____
 Unemployment Number (if applicable): _____
 NCCI or Experience Mod Factor (if applicable) _____

Number of Full Time Employees: _____
 Number of Part-time Employees: _____
 Employees Estimated Annual Payroll: \$ _____
 Officers Estimated Payroll: \$ _____

The following information is required of all owners, officers, and/or partners associated with the business. State laws differ in whether owners, officers, and/or partners have to be included or excluded in coverage. Please consult your states insurance department for specific regulations before opting to be excluded from coverage.

<i>Officers Name</i>	<i>Include or Exclude</i>	<i>Title/Relationship</i>	<i>Ownership %</i>	<i>Annual Payroll</i>

Insurance/Claims History:

Please provide insurance history for the past 5 years. If there was no coverage in place for a given year, please indicate "None".

<i>Insurance Company</i>	<i>Policy Number</i>	<i>Expiration Date</i>	<i>Annual Premium</i>	<i># of Claims</i>

Has any coverage been declined, cancelled, or non-renewed within the past 3 years? Yes No If yes, please explain.

Section 3-Additional Coverage

Please indicate whether or not you would like to receive additional information and/or a premium indication on the following lines of coverage:

Hired and Non-Owned Auto Yes No Business Auto Yes No
 Commercial Umbrella Yes No Professional Liability Yes No

PLEASE READ, SIGN, AND DATE:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect or incomplete information could void their protection.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

This application is subject to the underwriter's approval. Your completion of this application does not obligate the insurance company to issue your insurance coverage.

 Signature of Principal Owner, Officer, or Partner

 Date

Return your signed application to:

Mercer Consumer
 PO Box 14521
 Des Moines, IA 50306
 Fax: 515-365-3005

Administered by Mercer Consumer, a service of Mercer Health & Benefits Administration LLC. After approval of your application, your Certificate and premium notice will be sent directly to you. The completion of this application does not bind coverage. The application is subject to the Company's Underwriting Rules.

***Construction Definitions**

Frame: Wood or mostly wood construction.

Joisted Masonry: Brick, block, concrete load bearing walls. Roof and floor supports are wood.

Non-Combustible: Metal structural wall and roof supports. NO wood roof decking or wood siding.

Masonry Non-Combustible: Masonry load bearing walls and unprotected steel roof supports.

Fire Resistive: Masonry or protected steel load bearing walls and roof supports. (Steel is protected by encasing it in concrete or spraying on fire resistive insulation.)