



Seguros N. Colón, Inc.

416 UNION PLAZA BUILDING • SUITE 803
PONCE DE LEON AVE., HATO REY, PUERTO RICO 00918

APARTADO 1267, AIBONITO, PUERTO RICO 00705-1267

APPLICATION FOR COMMERCIAL POLICY

Mortgage & Loan # _____

TIME ELEMENT

COVERAGE	LIMIT OF INSURANCE & COINSURANCE	CAUSES OF LOSS
----------	-------------------------------------	----------------

<input type="checkbox"/> Business Income w/ Extra Expenses _____	_____	_____
---	-------	-------

Optional Coverage's

- Off Premises
- Agreed Value (must include form CP1515)
- Other _____

GLASS

- Blanket
- Schedule (Incl description) _____

2. Liability Coverage Information



Seguros N. Colón, Inc.

416 UNION PLAZA BUILDING • SUITE 803
PONCE DE LEON AVE., HATO REY, PUERTO RICO 00918

APARTADO 1267, AIBONITO, PUERTO RICO 00705-1267

APPLICATION FOR COMMERCIAL POLICY

- General Aggregate (other than Prod/Comp Op) _____
- Products / Completed Operations _____
- Per Occurrence Limit _____
- Personal & Advertising Injury Limit _____
- Fire Damage Limit (any one fire) _____
- Medical Expenses Limit (any one person) _____

Premium Basis

- Admissions _____
- Annual Payroll _____
- Annual Sales _____
- Total Area _____ SF
- Total Cost _____
- Total Unit _____
- Each _____

Class Code: 1. _____ 2. _____ 3. _____

- Hired & Non-owned (100/300/50) Employer's Liab (Stop Gap) \$ _____

3. Crime Coverage Information

Limit / Ded.

- Coverage A: Employee Dishonesty # Class I ____ # Class II ____ _____
- Coverage B: Forgery or Alteration _____
- Coverage C: Theft, Dis. Or Destruction Inside Outside _____
- Safe _____ Alarm _____ # Guards _____
- Armored Service _____

APPLICATION FOR COMMERCIAL POLICY

4. Inland Marine Coverage Information

	Limit of Insurance	Deductible
<input type="checkbox"/> EDP		
Hardware _____	_____	_____
Software _____	_____	
<input type="checkbox"/> Signs	_____	
<input type="checkbox"/> Valuable Papers	_____	_____
<input type="checkbox"/> Account Receivables	_____	
<input type="checkbox"/> Physicians & Surgeons Equipment	_____	_____
<input type="checkbox"/> All Risk Transportation	_____	_____
# of Vehicles		

YEAR	MODEL/SERIAL #	LIMIT	LOSS PAYEE

5. Boiler & Machinery Coverage Information



Seguros N. Colón, Inc.

416 UNION PLAZA BUILDING • SUITE 803
PONCE DE LEON AVE., HATO REY, PUERTO RICO 00918

APARTADO 1267, AIBONITO, PUERTO RICO 00705-1267

APPLICATION FOR COMMERCIAL POLICY

Description of Boiler _____ Limit \$ _____

6. Commercial Automobile Coverage Information

Limit _____ Deductible _____

YEAR	MODEL	MOTOR #	COST NEW	ACV	LOSS PAYEE

Driver Information

Name	License Number	Date of Birth



APPLICATION FOR COMMERCIAL POLICY

Previous Insurance Company: _____

7. Commercial Umbrella Coverage

- \$1,000,000.00 – Limit SIR \$10,000.00

- Alternative Limit _____

8. Comments

The undersigned further agrees that the Insurer may alter or revoke any quotation previously rendered upon receipt of changes to the information provided in the Application or accompanying documents.
This Application does not obligate the Applicant to purchase insurance nor bind the Organization to effect insurance.

Signature _____

Title _____