



陳大衛保險公司

DAVID CHIN GENERAL INSURANCE BROKERAGE, INC.

Commercial Insurance Application

Please complete the appropriate sections of the application to get your free quote and consultation. For Workers' Compensation Insurance, you must complete Part IV of this application.

I. Applicant Information Section

Name _____ Full Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Residence Business Cell Email _____

Location Address _____

City _____ State _____ Zip Code _____

Please provide a detailed description of business operations.

Estimated Gross Sales _____ Estimated Annual Payroll _____

Number of Years in Business _____ Have you had insurance coverage before? Y N

If yes, have you had any prior claims? Y N If yes, please provide:

Date of Occurrence	Description

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87 Bowery, Suite 501, New York, NY 10002 • Tel 212-219-2278 • Fax 212-219-2933 • dchin@dchininsur.com

II. Commercial General Liability Section

General Liability coverage desired: \$500,000/ 1,000,000 \$1,000,000/ 2,000,000

Please list additional interest:

1) Additional Insured 2) Loss Payee 3) Mortgagee 4) Landlord 5) Lienholder 6) Employee as Lessor

Additional Interest Type	Name

III. Property Section

Amount of Insurance: Building Limit _____ Content _____

Loss of Income (if applicable): _____

Causes of Loss:

Basic (Fire) Broad (Fire & some water damage) Special Form (Fire & water damage)

Construction of Building: Number of Stories _____ Year Built _____ Total Area (Sq. Ft.) _____

Number of Apartment Units _____ Number of Commercial Units _____

Building Improvements:

	Part/ Full	Year
Wiring		
Plumbing		
Heating		
Roof		

IV. Workers' Compensation Application

FEIN/Tax ID Number: _____

Employee Categories	# of Part-time Employees	# of Full-time Employees	Estimated Annual Payroll (\$)
Ex. Clerical		2	50,000

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