



DPFG Commercial Insurance Applications for SHOS

Your Contact Information

First Name

Last Name

E-mail Address

Phone

Business filing

Business Name

Mailing Address

Location Address

Location Information

Year Built Total Square Feet/ Occ Square Feet

FEIN Number Number of Employees

Date Business Started

Annual Sales

Annual Payroll

Building Construction

Frame
Joisted Masonry
Mas. Non Combustible
Fire Resistive

Type of Operation

Appliance Store
Hardware Store
Outlet Store
Hometown Store

Is the Building Sprinklered?

Yes No

Building Limit Business Personal
Property Limit Property Deductible

Loss History - Please describe loss and include date of occurrence & loss total.

Owned Auto Coverage

Drivers Name Date of
Birth License #

