

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

FEIN Number of Employees

Date Business Started

Annual Sales

Annual Payroll

Building Construction Type of Operation

Frame Appliance Store
Joisted Masonry Hardware Store
Mas. Non Combustible Outlet Store
Fire Resistive Hometown Store

Is the Building Sprinklered?

Yes No

Business Personal

Building Limit Property Limit Property Deductible

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

Owned Auto Coverage

Date of

Drivers Name Birth License #

Drivers Name	Date of Birth	License #
Vehicle Vin #		Year/Make/Model/Cost New
Vehicle Vin #		Year/Make/Model/Cost New
Do you subcontract out any installation	n work?	Percentage of work subcontracted.

Do you request Certificates of Insurance naming your business as Additional Insured?

Please add additional information, vehicles, and drivers below

Prior Year Premiums if Available

Loss Runs from Prior Carrier if Available

When completed "Save As" and rename to your desktop. Click the email address below and attach the document saved on your desktop.

Return to: Carri@dpfginc.com