

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

GENERAL LIABILITY/PROPERTY

| General Information | |
|---|---|
| Applicant's Name: _____ Applicant's Email: _____ | FEIN: _____ (Federal Employer Identification number) |
| Applicants Mailing Address: _____ _____ _____ | Years in Business: _____ |
| Applicant conducts business as: <input type="checkbox"/> An individual <input type="checkbox"/> A corporation <input type="checkbox"/> A partnership <input type="checkbox"/> Other (Specify): _____ | |

In case a physical inspection is required, please provide the following information:

Name of Contact: _____ Telephone No.: _____ Facsimile No.: _____

| | | |
|--------------------------------|---------------------------------|---|
| Proposed Effective Date: _____ | Proposed Expiration Date: _____ | <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue |
|--------------------------------|---------------------------------|---|

| General Underwriting Information | |
|--|--|
| 1. Is applicant a parent of or subsidiary of another entity? (If Yes, provide details in Remarks.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any business operations conducted by applicant other than those of a law firm? (If Yes, provide details in Remarks.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does applicant have lawyer's professional liability insurance coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes: Insurance Carrier: _____ Limit of Insurance: _____ | |
| 4. Has any insurance company declined, canceled, or non-renewed coverage for this or similar coverage? (If Yes, provide details in Remarks.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Previous Insurance Carriers (last three years & claims history) | Date of Loss | Amount of Loss | Description of Loss |
|--|--------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |



Property Coverage Information

Location No.: _____ Address: _____

Applicant is: Tenant (i.e., non-owner occupant) Lessor (i.e., owner occupying less than 75%)
 Owner-Occupant (i.e., owner occupying 75% or more)

Construction: Frame (including brick veneer) Joisted Masonry or Non-Combustible
 Masonry Non-Combustible Fire Resistive

Fully sprinklered: Yes No Area occupied by applicant _____ square feet

Number of Stories: _____ Total Building square footage _____

Year building built: _____ *If over thirty years old, give date and extent of renovations for:

Electrical Wiring: Date: _____ Renovation: Modest Moderate Extensive

Heating System: Date: _____ Renovation: Modest Moderate Extensive

Plumbing System: Date: _____ Renovation: Modest Moderate Extensive

Roof: Date: _____ Renovation: Modest Moderate Extensive

General Liability Limits \$1,000,000/\$2,000,000 Employee Benefit Liability
 \$2,000,000/\$4,000,000

Business/Personal Property
Limit: \$ _____ (Includes office furniture, fixtures, copiers, telephone systems, facsimile machines, stock, law library, etc.)
Deductible: \$500 \$1,000 \$2,500 \$5,000
Burglar Alarm or Other Burglary Protection:
 Local Alarm Central Alarm without keys Central Alarm with keys
 Double cylinder deadbolt locks on all exterior doors Night Watchman
 Doors and/or Windows protected by: Gratings Bars

Tenant Improvements
(If required by Lease) Limit: \$ _____

Computers and Media Limit: \$25,000 \$50,000 \$75,000 \$100,000 \$125,000
 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000

Accounts Receivable Limit: \$25,000 \$50,000 \$75,000 \$100,000 \$125,000
 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000

Valuable Papers & Records Limit: \$25,000 \$50,000 \$75,000 \$100,000 \$125,000
 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000
 \$500,000

Money and Securities Inside Limit: \$10,000 / Outside Limit: \$2,500 \$5,000 \$10,000
Safe: None Fire Resistive Burglar Resistive Burglar-Proof

Employee Dishonesty/Crime Limit: \$ 10,000 \$ 20,000 \$ 30,000 \$ 40,000
 \$ 50,000 \$ 75,000 \$100,000 \$125,000
No. of Employees: _____ ERISA Extension

Fine Arts
(attach schedule and valuations) Limit of Insurance: \$ _____

| | | | |
|--|--|-------------------|----------------|
| Hired/Non-owned Automobile Insurance-Drivers Information | Include All Attorney's and any employees, in the course of their business day who drive their own vehicles for business purposes more than 2 times a week. | | |
| | Name | Drivers License # | State Licensed |
| | | | |
| | | | |

GENERAL UNDERWRITING INFORMATION

- 1. Does insured have at least 3 years of experience in same or related business? Yes No
- 2. Does insured have a program to prevent the selling/serving of alcoholic beverages to minors and persons who are intoxicated? Yes No
- 3. Are all buildings designed for current occupancy? Yes No
- 4. Do all buildings have tagged and operable fire extinguishers? Yes No
- 5. Do all buildings have deadbolt locks installed? Yes No
- 6. Do buildings with barred windows have safety releases? Yes No
- 7. Do all buildings have two exits on each floor? Yes No
- 8. Does insured conduct other operations or own other businesses or properties? Yes No
- 9. Has insured ever filed for bankruptcy in this or a prior business? Yes No
- 10. Do receipts from service, repair or installation exceed 25% of total revenue? Yes No
- 11. Any buildings with elevators? Yes No
- 12. Any location with gas pumps or underground tanks? Yes No
- 13. Any used items sold? Yes No
- 14. Does applicant deliver goods? Yes No
- 15. Any business open after 11:00PM? Yes No
- 16. Any buildings vacant more than 60 days? Yes No

Estimated Gross Sales/Revenues: \$ _____

Area of Practice: _____

Additional Locations: _____

To the best of my knowledge, the information contained in this application form is accurate:

Applicant's Signature: _____ Date: _____