

# CIBA Application for Insurance



Please complete each field, you may tab through the fields and fill in the form. Once completed, please e-mail the form to your contact at NorthStar Risk Management & Insurance Services, Inc.

Broker/Company:  Submitted By:   
Phone Number:  Fax Number:  E-Mail:

### Effective Date:

Select Program(s) you're interested in:  Basic  Comprehensive  Property & Liability  Property only  
 Liability only  Other \_\_\_\_\_

### Vesting/Registered Owner Information:

Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 **New** CIBA Member Have you been a member of CIBA before?  Yes, year: \_\_\_\_\_  No  
 Current CIBA Member Approximate number of properties enrolled: \_\_\_\_\_  
 Premium Finance Quote Requested  
Special Comments \_\_\_\_\_

### Property Information:

Location Address: \_\_\_\_\_  **Portfolio?**  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **EQ Zone:** \_\_\_\_\_  
Property Type:  Commercial/Industrial  Warehouse  Rental Dwelling  
 Retail Space  Apartment Building/Complex  Mixed Tenancy  
 Office Building  Condominium  Vacant Land  
Nature of Business/Tenant: \_\_\_\_\_  
Description of Operations: \_\_\_\_\_

Total Sq. Footage: \_\_\_\_\_ # of Units: \_\_\_\_\_ # of Pools: \_\_\_\_\_ # of Spas? \_\_\_\_\_ Fenced?  Yes  No  
Building RCV: \_\_\_\_\_ Annual Rents: \_\_\_\_\_  
Year Built\*: \_\_\_\_\_ Retrofitted?\*  Yes, year: \_\_\_\_\_  No Construction type: \_\_\_\_\_  
Number of years property owned by insured: \_\_\_\_\_ # of Buildings \_\_\_\_\_ # of Stories \_\_\_\_\_

\*Buildings built in or before 1969 that do not meet the California Uniform Building code of 1976 do not qualify for comprehensive coverage under the CIBA programs.

Sprinklers:  Full  Partial  None  Central Station Alarm:  Yes  No Parking: \_\_\_\_\_  
Years Updated: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ HVAC: \_\_\_\_\_  Other: \_\_\_\_\_  
a. Are driveways, parking & sidewalks in smooth repair?  Yes  No (please explain) \_\_\_\_\_  
b. Are stairs, porches, rails, landings and balconies in good repair?  Yes  No (please explain) \_\_\_\_\_  
c. Any graffiti on walls or fences?  No  Yes (please explain) \_\_\_\_\_  
d. Any garbage, debris or inoperable vehicles on premises?  No  Yes (please explain) \_\_\_\_\_  
e. Does structure have wood shake roof?  No  Yes \_\_\_\_\_  
f. Has this property or insured sustained a loss during the past 5 yrs?  No  Yes (If yes, please attach a Loss History)

# CIBA Application for Insurance



## Current Insurance Coverages:

	Insurance Company	Limit	Deductible	Premium
Commercial General Liability:				
Auto Liability:				
Property—All Risk:				
Property—DIC:				

Non-Habitational: Number of tenants: \_\_\_\_\_

Tenants Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If over fifteen please attach a separate sheet.*

## Comments/Explanations:

\_\_\_\_\_

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

## Additional Insured Information:

## CIBA Application for Insurance



Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Nature of Interest:**     1<sup>st</sup> Mortgagee     Additional Insured     GL 15-1  
*Select all that applies*     2<sup>nd</sup> Mortgagee     Loss Payee     15-2A  
     3<sup>rd</sup> Mortgagee     438BFUNS Applies     GL 15-2B

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Nature of Interest:**     1<sup>st</sup> Mortgagee     Additional Insured     GL 15-1  
*Select all that applies*     2<sup>nd</sup> Mortgagee     Loss Payee     15-2A  
     3<sup>rd</sup> Mortgagee     438BFUNS Applies     GL 15-2B

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Nature of Interest:**     1<sup>st</sup> Mortgagee     Additional Insured     GL 15-1  
*Select all that applies*     2<sup>nd</sup> Mortgagee     Loss Payee     15-2A  
     3<sup>rd</sup> Mortgagee     438BFUNS Applies     GL 15-2B

Loan #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Nature of Interest:**     1<sup>st</sup> Mortgagee     Additional Insured     GL 15-1  
*Select all that applies*     2<sup>nd</sup> Mortgagee     Loss Payee     15-2A  
     3<sup>rd</sup> Mortgagee     438BFUNS Applies     GL 15-2B

Internal Use Only		
Enrolled Program		
Repl. Cost/Sq ft. _____	Rental % _____	Annual Premium: _____
PI Rate: _____	Occurrence Ded: _____	Member Fee: _____
GL Rate: _____	Sub-Limit: _____	Loss Control Fee: _____
XS GL Rate: _____	R-O Premium: _____	TCM Fee: _____