

CIBA Application For Insurance



You may tab through the fields and fill in the form or you may print out the three pages of this form to complete by hand. Once completed, please fax the application to our underwriting department at 323.982.1517 or e-mail the form to underwriting@cibaservices.com.

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

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 Square Footage: _____ # of Units: _____ # of Pools: _____ # of Spas: _____ Fenced? Yes No
Building RCV: _____ Annual Rents: _____
Year Built*: _____ Retrofitted? * Yes No year 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: Underground Tuck-Under
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 years? 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 ten 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.

Note: To sign use pencil tool. If your version of Adobe Acrobat doesn't have a pencil tool, please print and fax to 323.982.1517.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Billing Address: _____

CIBA Application For Insurance



Additional Insured Information:

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd Mortgagee	438BFUNS Applies	GL 15-2B

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	1st Mortgagee	Additional Insured	GL 15-1
Select all that applies	2nd Mortgagee	Loss Payee	GL 15-2A
	3rd 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: