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Princeton Office Package Policy Application

Princeton Insurance

PARTNERSHIP. PREVENTION. PROTECTION.

(800) 334-0588



Princeton Office Package Policy Application

Quote New Add location

General Information

Requested effective date: _____

1. Name and address of applicant (billing/mailling address):

2. Phone number: (____) _____ Email: _____

3. Contact person: _____ Title: _____

4. Name and address of agent:

5. Describe all operations of the applicant:

6. Is applicant's professional liability insurance with Princeton? Yes No

If no, current carrier: _____

7. Does the applicant occupy, rent or own any other locations that are not being insured by this policy? Yes No

If yes, describe: _____

8. Does the applicant manufacture, sell, install or service any products? Yes No

If yes, describe: _____

9. Does the applicant conduct off-premises activities (i.e. conventions, tradeshow, exhibits, seminars, etc.)? Yes No

If yes, describe: _____

10. List all claims within the last 5 years for (a) the property to be insured (b) any other property/liability losses involving the applicant:

11. **Terrorism Coverage (You must check A or B)**

A. I hereby elect to purchase coverage for terrorism on my policy for a premium of \$50.

B. I hereby elect to have acts of terrorism excluded from my policy.

Property Coverages (Complete for each location)

12. Location *Construction #/Stories Sq. Ft. Occupied % Sprinklered

*1=Frame 2=Joisted Masonry 3=Masonry Non Combustible 4=Non Combustible 5=Fire Resistive

13. Building limit \$ _____ (If applicant is building owner, building must be insured)

Content limit- \$ _____ business and medical equipment

14. Deductible: \$250 \$500 \$1,000

15. Do you own the building? Yes No

16. Percentage you occupy: _____
If not 100%, what other types of occupancies share this building with you?

17. Year built: _____

18. Date remodeled: _____ Electrical _____ Plumbing _____ Heating _____

19. Is the building within three (3) miles of any point of the Atlantic Ocean coastline? Yes No

20. Is this location a residence? Yes No
(If yes, attach a copy of the declarations page of the applicant's homeowners policy.)

21. Describe other protection devices you may have (security guards, burglar alarm, smoke detectors):

22. Indicate the limit desired for each coverage shown below:

	Standard Policy Limit	Limit Desired
(a) Valuable papers and records	\$25,000	_____
(b) Accounts receivable	\$25,000	_____
(c) Employee dishonesty	\$10,000	_____
Number of employees: _____		
(d) Welfare and pension plan	\$10,000	_____
Name of plan: _____		
Number of trustees: _____		
(e) Depositor's forgery	\$25,000	_____
Who performs audits: _____		How often: _____
Countersignature of checks required? _____		
If no, who signs? _____		
(f) Computer coverage		
Equipment	\$20,000	_____
Electronic Data	\$10,000	_____

23. Indicate whether the following optional coverages should be included:
 Glass coverage Number of square feet: _____
 Sign coverage Amount of coverage desired \$ _____ (\$50 deductible applies)
Please indicate whether the sign is attached or detached from the scheduled location: _____
 Scheduled Property (fine arts, camera equipment, misc.) List each item and its dollar value:
_____ \$ _____
_____ \$ _____

24. Name and address of equipment lessor and name of equipment you rent or lease from them:

_____ Equipment

25. Name and address of landlord:

26. Name and address of mortgage holder:

