



2750 Killarney Dr. , Suite 202
Woodbridge VA 22192
Tel: (800) 468-4200
(703) 739-9300
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The CIMA Companies, Inc.

COMMERCIAL INSURANCE APPLICATION

Please complete all sections for which you desire coverage, and mail or fax to:

Commercial Property/Casualty Insurance Department
Attn: Gary Hurst
The CIMA Companies, Inc.
2750 Killarney Dr., Suite 202
Woodbridge VA 22192

1.1 Name of organization _____

1.2 Tax ID Number _____

1.3 ___ Corporation ___ Limited Liability Corporation (LLC) ___ Individual ___ Nonprofit Org***

***Please submit a copy of your organization's IRS 501 (c) (3) letter with your application.

1.4 Mailing address _____

1.5 Street address (if different from mailing address)

1.6 Phone () _____

1.7 Fax () _____

1.8 Email _____

1.9 Website _____

1.10 Years in business _____

1.11 Experience in your field _____

1.12 Contact person and title _____



1.15 Please enter all claims, or occurrences that may give rise to claims, for the past five years, or if you already have insurance, attach carrier loss runs for the same period.
Check here if no claims _____

[illegible]



THE CIMA COMPANIES, INC.

Location (s) of your organization. (Please complete even if you do not need building coverage. The insurance company will require it). If more than three locations, please attach additional information for each location.

Locations	Annual Sales or Revenue	Square Footage You Occupy	Year Built	Construction Type	Year of Most recent Building Improvements	Burglar Alarm	Sprinkler System	Anticipated payroll
Location 1				Frame ____ Joisted masonry ____ Masonry ____ Noncombustible (concrete/steel) ____	Electrical ____ Heating ____ Plumbing ____ Roof ____	None ____ Local ____ Central ____ Station ____	Type ____ ____ % of Coverage ____	
Location 2				Frame ____ Joisted masonry ____ Masonry ____ Noncombustible (concrete/steel) ____	Electrical ____ Heating ____ Plumbing ____ Roof ____	None ____ Local ____ Central ____ Station ____	Type ____ ____ % of Coverage ____	
Location 3				Frame ____ Joisted masonry ____ Masonry ____ Noncombustible (concrete/steel) ____	Electrical ____ Heating ____ Plumbing ____ Roof ____	None ____ Local ____ Central ____ Station ____	Type ____ ____ % of Coverage ____	

If you are requesting property coverage, please list your desired limits in each category. If more than three locations, please attach additional information for each location.



THE CIMA COMPANIES, INC.

Location	Building	Business Personal Property	Computer Hardware	Data/ Media	Valuable Papers/ Records	Money And Securities	Employee Dishonesty
Location 1	Value _____ # of stories _____						
Location 2	Value _____ # of stories _____						
Location 3	Value _____ # of stories _____						

Commercial general liability

Location	Sales or revenue	Square footage you occupy
Location 1		
Location 2		
Location 3		

Additional coverages requested (for nonprofit organizations)

___ Social service professional liability

___ Improper sexual conduct

___ Directors and Officers liability

___ Volunteer insurance (circle all that apply)

Accident medical liability (\$50,000 limit, \$3.75 per volunteer per year)

Volunteer liability (\$1 million limit; \$1.72 per volunteer per year, with \$100 minimum premium)

Excess automobile liability (\$500,000 limit; \$6.04 per volunteer per year, with \$100 minimum premium)

Does your nonprofit organization hold any fundraisers or other such events?

___ Yes ___ No



THE CIMA COMPANIES, INC.

If yes, list anticipated events for the year.

Date	Event	# of participants	Gross revenue Anticipated	Cosponsors if any

If yes, do vendors/exhibitors provide certificates of insurance to you? ☐ Yes ☐ No

Do you provide counseling services? ☐ Yes ☐ No

Do you organize or sponsor rallies/civil demonstrations? ☐ Yes ☐ No

Do you publish books, periodicals, CD's or DVD's? ☐ Yes ☐ No

Do you provide a referral service, legal aid service or computer service? ☐ Yes ☐ No

Do you certify foster homes? ☐ Yes ☐ No # of homes # of children/year

Do you place in certified foster homes? ☐ Yes ☐ No # of homes # of children/year

Are there premises, operators or exposures not stated in this application? ☐ Yes ☐ No

If yes, provide details.

Do you have any subsidiaries or control any other entity or organization for which coverage is desired? ☐ Yes ☐ No

If yes, provide details:



THE CIMA COMPANIES, INC.

Workers' Compensation (complete only if you are requesting coverage).

Executive officers, partners, proprietors

Name	Title	Specific Duties	Annual earnings

Number of employees and estimated annual payroll (Do not include executive officers, partners and proprietors).

State where employees are located	Description of job duties/functions	Number of employees who perform these duties/functions	Annual payroll



THE CIMA COMPANIES, INC.

Business automobile (complete only if you are requesting coverage). If more than 4 vehicles, please attach additional information for each vehicle.

Vehicle	Year/ Make/ Model	Vehicle Identification Number	Overnight Garaging Address	Radius (see key Below)	Use (see key Below)	Cost New	GVW (see key Below)
1							
2							
3							
4							

Radius

L – Local, up to 50 miles

K- Intermediate, 51-200 miles

LD – Long distance, > 200 miles

Use

PPT – Private passenger vehicle used for business only, pleasure only or both business and pleasure

S – Service vehicle used for transporting personnel, tools and equipment to and from a job location.
Vehicle is principally parked at job location during the day.

R – Retail vehicle used to make deliveries to or pick up property from individual households.

C – Vehicles other than those defined as “S” or “R”

PTV – Vehicles used to transport members of the public.

GVW – Gross vehicle weight; the maximum loaded weight for which the vehicle is designed.

L – Light, 10,000 pounds or less

M – Medium, 10,001-20,000 pounds

H – Heavy, 20,001-45,000 pounds

EH – Extra-heavy; over 45,000 pounds



THE CIMA COMPANIES, INC.

Loss payee for business automobile (lien holder)

Name	Vehicle	Address	Phone/Fax numbers

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and/or civil penalties. The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.

Applicant's name (print or type) _____

Applicant's title: _____

Applicant's signature: _____

Date: __/__/____