

Water & Sewer Backup.....\$ _____	Burglar Alarm? <input type="checkbox"/> Local <input type="checkbox"/> Silent <input type="checkbox"/> Central Station
Off-Site Power Interruption.....\$ _____	Fire Alarm? <input type="checkbox"/> Local <input type="checkbox"/> Silent <input type="checkbox"/> Central Station

Rating Information – Information is required before a quote can be obtained

Management:
 Annual Sales/Receipts _____ Year this Business Started _____ Years at current location _____
 How many years of previous experience in the same or related business? _____
 Total number of employees? Full Time _____ Part Time _____
 Does the insured conduct other operations, own other business properties? Yes No
 If yes, please explain _____

Has the insured ever filed for bankruptcy in this or a prior business? Yes No
 Any other operations sold, acquired or discontinued in last 5 years? Yes No
 Description of Business: _____

Additional Insured:
Loss Payee Additional Named Insured
Mortgagee Leased Equipment Lessor
 (If more than one, please provide name(s) and address (es) on a memorandum.)
 Name _____
 Address _____

Has the insured agreed to name anyone as an additional insured?
Yes No
 Additional insured interest: _____
 Name _____
 Address _____

Prior Carrier Information (Please attach a copy of your policy declaration page if available.) **Please check box if a new venture**

Policy Term From/To	Insurance Company	Policy Number

Any policy or coverage declined, cancelled, non-renewed or placed in a non-standard market in the past 3 years? Yes No If yes explain. *This question is not applicable in the state of Missouri.

Loss Information (List all prior claims reported to carrier with 3 years-attach list if necessary.)

Include property, liability and workers compensation. **No prior losses in 3 years.**

Loss Date	Description of Loss	Amount Paid	Reserve	Open/Closed

To the best of your knowledge are there any incurred but not reported claims? Yes No
 If yes, explain.

Medical Professional Liability – Krist Insurance Services also provides medical malpractice insurance to many doctors and clinic.

If you would like to receive an application to quote your Medical Malpractice, please check the box and complete the required information. Yes I would like to receive an application for a Medical Liability quote

Please complete the following information so we may serve you better:
 Current Limits _____ Current Carrier _____ Current Expiration Date _____

As Iowa's most extensive Insurance and Financial services agency we offer the following products and services:
 Please check a box next to a product or service you wish to learn more about and a specialist will contact you.
Benefits Insurance Pensions & 401K's Financial Planning Homeowner's Coverage Pleasure Boats Aircraft Business or Personal Autos

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 (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

YOU MUST SIGN AND DATE THIS APPLICATION FOR IT TO BE ELIGIBLE TO QUOTE

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry 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.

Applicant's Signature	Date	Producer's Signature	Date
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