JBL Trinity Group, Ltd.

17 State Street, 16th Floor, New York, NY 10004
Phone: 1-800-925-RINK   Fax: 1-212-425-6760

JBL Trinity West, Ltd.

P.O. Box 7284, Edmond, OK 73083-7284
Phone: 1-888-302-6330   Fax: 1-405-216-8228

PROPERTY APPLICATION

FACILITY NAME:_____

CORPORATE NAME:_____

FACILITY ADDRESS: _____

CITY:_____ COUNTY: _____ ST: _____ ZIP: _____

MAILING ADDRESS (If different):

CITY: _____ ST: _____ ZIP: _____

FACILITY PHONE: (___) _____ HOME PHONE: (___)_____

CURRENT PROPERTY INSURANCE CARRIER:_____

PRESENT PREMIUM:_____ EXPIRATION DATE:_____

TYPE OF COVERAGE: ☐ ALL RISK   ☐ BASIC   YRS IN BUSINESS: _____

1. PROPERTY LOSSES FOR PAST FIVE YEARS.

DATE OF LOSS   TYPE/DESCRIPTION OF LOSS   AMOUNT PAID/RESERVED

_____

_____

_____

2.   CONSTRUCTION: YEAR BUILT:_____

A.   ROOF: ☐ FLAT STEEL TRUSS ☐ FLAT JOISTED ☐ OTHER
         IF OTHER, PLEASE EXPLAIN:_____

B.   WALLS: ☐ WOOD   ☐ BRICK/CONCRETE BLOCK   ☐ METAL   ☐ TILT UP CONCRETE
         ☐ OTHER IF OTHER, PLEASE EXPLAIN:_____

C.   USE OF STRUCTURE:_____

D.   NUMBER OF STORIES: _____ TOTAL AREA (SQ FT):_____

E.   PARKING LOT ☐ Y ☐ N   TOTAL PARKING: _____

3.   BUILDING IMPROVEMENTS: (COMPLETE IF BUILDING IS OVER 25 YEARS OLD)
PLEASE INDICATE THE DATE EACH OR ANY OF THESE UPDATES WERE MADE.

A. WIRING _____ PLUMBING _____ ROOFING _____

B. HEATING/AIR CONDITIONING _____ OTHER _____

4.   A. FIRE HYDRANT (FT FROM BUILDING)_____

B. WITHIN CITY LIMITS? ☐ Y ☐ N   DISTANCE FROM FIRE DEPARTMENT _____

C. FIRE DEPARTMENT RESPONDING ☐ PAID ☐ VOLUNTEER

D. ALARMS? ☐ BURGLAR   ☐ MOTION DETECTORS   ☐ FIRE   ☐ OTHER
   DESCRIBE AND INCLUDE MAKE _____

E. BUILDING SPRINKLERED? ☐ Y   ☐ N

F. TYPE OF ALARM: ☐ LOCAL   ☐ CENTRAL STATION   ☐ POLICE/FIRE STATION

5.   TYPE OF BUSINESS OR DWELLING AND DISTANCE FROM YOUR BUILDING ON YOUR:

A. RIGHT: _____

B. LEFT: _____

C. REAR: _____

6.   COOKING AND SNACK BAR INFORMATION
GRILL ☐ Y ☐ N   FRYER ☐ Y ☐ N   HOOD ☐ Y ☐ N
DESCRIBE OPERATION: _____

7.   VALUES
A. BUILDING $ _____ 90% CO-INS.

B. CONTENTS $ _____ 90% CO-INS.

C. LOSS OF EARNINGS (BUSINESS INTERRUPTION) $ _____ 80% CO-INS.
         IS THIS AMOUNT FOR   ☐ 3 MOS.   ☐ 6 MOS.

D. LOSS OF RENTS $ _____   CO-INS. _____ %

E. MONEY/SECURITES $ _____

F. GLASS BREAKAGE $ _____

G. SIGN $ _____   DESCRIBE: ☐ Metal   ☐ Wood   ☐ Glass
         ☐ Lit ☐ Unlit   ☐ Attached ☐ Free Standing   Height: _____ Color: _____

H. EXTRA EXPENSE $ _____   DESCRIBE: _____

8.   MORTGAGEE (NAME AND COMPLETE MAILING ADDRESS)

_____

_____

9.   LOSS PAYEE (NAME, COMPLETE MAILING ADDRESS AND INTEREST)

_____

_____

THIS APPLICATION IS SUPPLIED ONLY AS A MEANS OF ACQUIRING INFORMATION. IT IS NOT A BINDER AND NOTHING HEREIN CONTAINED SHALL BE CONSTRUED AS AN AGREEMENT TO BIND INSURANCE OF ANY KIND OR DESCRIPTION. **SOME FORM OF FINANCIAL STATEMENT MAY BE REQUIRED WITHIN 45 DAYS AFTER BINDING.**

APPLICANT (PLEASE PRINT OR TYPE) _____

_____
SIGNATURE   **TITLE**   **DATE**