



KwikRisk® Application

Non-Financial Institution

Agency Information

Note: Internet Explorer is required to use automatic submission feature in browser. All other browsers are not supported & require manual download and return to salessupport@pfic.com.

Contact Name	Telephone Number	Fax Number
Agency	Email Address	
How did you hear about PFI?	Explain:	

Applicant Information

Name of Applicant
Address
City/State/County/Zip

Premises Information

Property Address	Property Description <i>(please provide a brief description of property)</i>	
Property City/State/County/Zip		
Insured Limit Desired	Deductible Amount <i>(required)</i>	
Square Footage of Building	Number of Stories	Year Built

Construction Type *(choose one)*

Frame	Joisted Masonry	Non-combustible	Masonry Non-combustible	Modified Fire Resistive	Fire Resistive
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Free Standing	Fencing
Yes No	Yes No

Describe area of location	General Condition of the building:	Any existing damage, fire or otherwise?
Commercial Residential Urban Rural Industrial	New Good Fair Poor	

Are regular checks made to the premises?	If yes, how often?	Is property vacant?
Yes No		Yes* No

Protective Safeguards:	Central Station Fire Alarm	Central Station Burglar Alarm	*If yes, complete the following: *Provide reason & intentions for property.
Yes No	Yes No	Yes No	

Utilities Operational?	Operational Sprinklers?	*Is building boarded?
Yes No	Yes No	Yes No

Have there been any property losses in the past 3 years? <i>If Yes, describe (in detail) any losses and amount paid in the last 3 years.</i>	Yes No	*Protection Class Code of Property
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Updates to the structure during the last 15 years <i>(roof, wiring, plumbing)</i>	*Fire Department? Paid Volunteer
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Desired Effective Date	Co-insurance	Valuation Basis
	80% 90%	ACV RCV

Mortgage Name/Address *(if any)*

Former Carrier/reason for cancellation of borrower's coverage:

Any back taxes owed or property liens on building? <i>(if yes, describe)</i>
Yes No

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who 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 civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

I agree to receive policies, endorsements, invoices and other correspondence via the email address on file with PFI. Updates will be handled during the regular course of business.

NOTE: If you are an individual or private investor seeking insurance coverage, you will need to work with a licensed P&C agent in the state where the property is located in order for PFI to provide an insurance quote. Please indicate at the top of the KwikRisk application your licensed insurance representative. If you do not have an agent, please indicate this on the form and we will provide a list of licensed agents in your area.

Authorized Client Signature **(Required)**

Date

Signed application required for coverage to be bound.