



2750 Killarney Drive  
Suite 202  
Woodbridge, VA 22192-4124  
Tel: (800) 468-4200  
(703) 739-9300  
Fax: (703) 739-0761

## The CIMA Companies, Inc.

### COMMERCIAL INSURANCE APPLICATION

Purposed Effective Date / /

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

Commercial Property/Casualty Insurance Department  
The CIMA Companies, Inc.  
2750 Killarney Drive, Suite 202  
Woodbridge VA 22192-4124

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 \_\_\_\_\_

1.13 Description of operations (please attach copies of any available brochures)





THE CIMA COMPANIES, INC.

**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.**



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)



THE CIMA COMPANIES, INC.

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

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.

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



THE CIMA COMPANIES, INC.

If yes, provide details:

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**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



**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



**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: \_\_/\_\_/\_\_\_\_