



3545 Rhoads Ave PO Box 399  
Newtown Square, PA 19073  
Phone: (610) 359-1422  
Website: www.kramerwarner.com

**Business Owners Application**

**Full Named Insured:**

**Mailing Address:**

**Website:**

**Effective Date:**

**Pay Plan:**

**Contact Name & Phone No:**

**Email Address:**

**Location Address:**

**Business Description:**

**If Year Built is over 25 yrs ago, please provide year of last update to:**

**Electrical-**

**Roof-**

**Plumbing-**

**HVAC-**

**Liability Section- Required:**

**Property Section- Required:**

**Liability Limit:**

**Annual Gross Revenue:**

**Annual Payroll:**

**Building Limit:**

**Contents Limit:**

**Construction Type:**

**Sq. Feet:**

**Public Sq Ft:**

**Year Built:**

**# of Stories:**

**Deductible:**

**Sprinkler:**

**Fire/Burglar Alarms:**

**If Yes, Alarm Type:**

**Prior Carrier** \_\_\_\_\_

**Losses:**

**If yes, need the following details:**

Date of Loss:

Description:

Amount Paid: