

Broker/Company:		Submitted by:	
Telephone Number:		Fax Number:	
		E-Mail Address:	

Effective Date:	
-----------------	--

SELECT PROGRAM(S) YOU INTERESTED IN:

<input type="checkbox"/> Basic	<input type="checkbox"/> Comprehensive
<input type="checkbox"/> Property & Liability	<input type="checkbox"/> Property Only
<input type="checkbox"/> Other:	<input type="checkbox"/> Liability Only

VESTING/REGISTERED OWNER INFORMATION:

Named Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

New CIBA Member: Have you been a member of CIBA before? Yes Yr No

Current CIBA Member: Approximate Number of Properties Enrolled: _____

Special Comments: _____

PROPERTY INFORMATION:

Location Address: _____ Portfolio

City: _____ State: _____ Zip: _____ EQ Zone: _____

Property Type:	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Rental Dwelling
	<input type="checkbox"/> Retail Space	<input type="checkbox"/> Apartment Building/Complex	<input type="checkbox"/> Mixed Tenancy
	<input type="checkbox"/> Office Building	<input type="checkbox"/> Condominium	<input type="checkbox"/> Vacant Land

Nature of Business/Tenant: _____

Description of Operations: _____

Total Square Footage: _____ # of Units _____ # of Pools/Spas _____ Fenced? Yes No

Building RCV _____ Annual Rents _____

Year Built*: _____ Retrofitted*: Yes No yr. Construction Type: _____

Number of years property owned by insured: _____ # of Buildings _____ Number of Stories _____

*** BUILDINGS BUILT IN OR BEFORE 1945 THAT DO NOT MEET THE CALIFORNIA UNIFORM BUILDING CODE OF 1976 DO NOT QUALIFY FOR COMPREHENSIVE COVERAGE UNDER THE CIBA PROGRAMS.**

Sprinklers: Full Partial None Central Station Alarm: Yes No Parking: Underground Tuck-Under Other:

Years Updated: Wiring: _____ Plumbing: _____ Other: _____

Roofing: _____ HVAC: _____

- a) Are driveways, parking & sidewalks in smooth repair? Yes No (please explain): _____
 - b) Are stairs, porches, rails, landings and balconies in good repair? Yes No (please explain): _____
 - c) Any graffiti on walls or fences? No Yes (please explain): _____
 - d) Any garbage, debris or inoperable vehicles on premises? No Yes (please explain): _____
 - e) Does structure have wood shake roof? No Yes
 - f) Has this property or insured sustained a loss during the past 5 years? No Yes
- (if yes, please attach a Loss History)

ADDITIONAL INSURED INFORMATION:

Loan # _____
 Name: _____
 Address: _____
 City _____ State _____ Zip _____

Nature of Interest:
 select all that applies

<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
<input type="checkbox"/> 3 rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B

Loan # _____
 Name: _____
 Address: _____
 City _____ State _____ Zip _____

Nature of Interest:
 select all that applies

<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
<input type="checkbox"/> 3 rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B

Loan # _____
 Name: _____
 Address: _____
 City _____ State _____ Zip _____

Nature of Interest:
 select all that applies

<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
<input type="checkbox"/> 3 rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B

Loan # _____
 Name: _____
 Address: _____
 City _____ State _____ Zip _____

Nature of Interest:
 select all that applies

<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> GL 15-2A
<input type="checkbox"/> 3 rd Mortgagee	<input type="checkbox"/> 438BFUNS Applies	<input type="checkbox"/> GL 15-2B

Internal Use Only:			
Enrolled Program:			
Repl. Cost /Sq. Ft:	Rental %		Annual Premium:
PI Rate:	Occurrence Ded:		Member Fee:
GL Rate:	Sub-Limit:		Loss Control Fee:
XS GL Rate:	R-O Premium:		TCM Fee: