

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

FAIR PROPERTY APPLICATION

Applicant's Business Name: _____
Property Location: _____ Distance to fire hydrant? _____
City, State, Zip _____ Distance to fire station? _____
County: _____ Distance to coastal water (if applicable)? _____
Policy Period Requested: _____ To _____ Is risk located inside city limits Yes No

SCHEDULE OF PROPERTY

	Building Construction	Roof Construction	Protective Devices	Occupancy/USE	Building Value	Contents Value	Year Built (Updates?)	Square Footage	# Stories	Open Sides Y/N
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Totals:					_____	_____	_____	_____	_____	_____

Loss Payees/ Mortgagees:	Loc#	Name & Address	Interest	Coverage	(Select one)
	1.	_____	_____	Basic	<input type="checkbox"/>
	2.	_____	_____	Broad	<input type="checkbox"/>
	3.	_____	_____	Special	<input type="checkbox"/> w/theft* <input type="checkbox"/>

*Theft coverage may not be available for some risks

Scheduled Property List of Contents/Equipment to be covered

Description	Manufacturer	Serial Number	Value	Deductible:
1. _____	_____	_____	_____	\$1,000 Minimum
2. _____	_____	_____	_____	Or Higher Deductible of
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	

GENERAL FRAUD STATEMENT:

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 [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied. I hereby certify that the information provided herein is true and correct.

I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed