



# Businessowners Catastrophe Insurance Trust

## GENERAL INFORMATION

Application (Underwritten by Certain Underwriters at Lloyd's, London)

### Business Information

Name of Business: \_\_\_\_\_

Risk Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Mailing Address (if different than Property Address listed above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

### Owner's Information

Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Commercial Mortgagee (ONLY if requiring this insurance)

Mortgagee: \_\_\_\_\_

Loan #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## COVERAGE AMOUNT AND PREMIUM SELECTION (\$100,000 to \$1,700,000\*)

*\*Note: The coverage amount selected below should be at least 100% of the building replacement cost of the home.*

✓	COVERAGE	PREMIUM	✓	COVERAGE	PREMIUM	✓	COVERAGE	PREMIUM	✓	COVERAGE	PREMIUM

*The premium table above includes all applicable policy and state surplus line taxes and fees.*

**Premium Payment Must Accompany Application – Please Provide One: Credit Card, ACH Information, Check Made Payable to HCIT**

Credit Card:      VISA      MasterCard      Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ACH Bank Name: \_\_\_\_\_ Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Charge \_\_\_\_\_ Print Full Name as it Appears on Card/ACH: \_\_\_\_\_ Cardholder/ACH Signature: \_\_\_\_\_

*I hereby authorize HCIT to charge my credit card or process an ACH for the insurance premium amount noted in the rate grid above.*

**APPLICANT MUST ALSO COMPLETE, SIGN AND DATE THE REVERSE SIDE OF THIS APPLICATION FORM**

