



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

