

CIBA Application for Insurance



You may tab through the fields and fill in the form or you may print out the two pages of this form to complete by hand. Once completed, please fax the application to our underwriting department at 925.975.5909 or e-mail the form to tpaoletti@northstar-ins.com.

Broker/Company: _____ Submitted By: _____
Phone Number: _____ Fax Number: _____ E-Mail Address: _____

Effective Date:

Select Program(s) you're interested in: Basic Comprehensive Property & Liability Property only
 Liability only Other _____

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, year: _____ No
 Current CIBA Member Approximate number of properties enrolled: _____
 Premium Finance Quote Requested
Special Comments _____

Property Information:

Location Address: _____ **Portfolio?**
City: _____ State: _____ Zip: _____ **EQ Zone:** _____
Property Type: Commercial/Industrial Warehouse Rental Dwelling
 Retail Space Apartment Building/Complex Mixed Tenancy
 Office Building Condominium Vacant Land
Nature of Business/Tenant: _____
Description of Operations: _____

Total Sq. Footage: _____ # of Units: _____ # of Pools: _____ # of Spas? _____ Fenced? Yes No
Building RCV: _____ Annual Rents: _____
Year Built*: _____ Retrofitted?* Yes, year: _____ No Construction type: _____
Number of years property owned by insured: _____ # of Buildings _____ # of Stories _____

***Buildings built in or before 1969 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
Years Updated: Wiring: _____ Plumbing: _____ Roofing: _____ HVAC: _____ Other: _____

- 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 yrs? No Yes (If yes, please attach a Loss History)

CIBA Application for Insurance



Current Insurance Coverages:

Commercial General Liability:
Auto Liability:
Property—All Risk:
Property—DIC:

Insurance Company	Limit	Deductible	Premium

Non-Habitational: Number of tenants: _____

Tenants Operations: _____

**If over fifteen please attach a separate sheet.*

Comments/Explanations:

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Note: To sign use pencil tool. If your version of Adobe Acrobat doesn't have a pencil tool, please print and fax to 818.638.8551.

Applicant: _____ Producer: _____
Signature: _____ Signature: _____
Date: _____ Date: _____
Billing Address: _____

CIBA Application for Insurance



Additional Insured Information:

Loan #: _____			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Nature of Interest:	<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<i>Select all that applies</i>	<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> 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:	<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<i>Select all that applies</i>	<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> 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:	<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<i>Select all that applies</i>	<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> 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:	<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL 15-1
<i>Select all that applies</i>	<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> 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: _____