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**COMMERCIAL PROPERTY SUPPLEMENTAL APPLICATION**

Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**LOCATION INFORMATION (If more than 3 locations, attach a separate sheet)**

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

**BUILDING INFORMATION** (Please provide complete information for each insured location. Attach separate sheet, if necessary.)

	Loc. 1	Loc. 2	Loc. 3
<b>Sprinkler System:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CONSTRUCTION:</b>			
<b>YEAR BUILT:</b>			
<b># OF STORIES:</b>			
<b>TOTAL SQ. FOOTAGE:</b>			
<b>PROTECTION CLASS:</b>			
<b>ALARM</b>	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
<b>IF OVER 20 YEARS, YEAR OF LATEST UPDATE</b>	___ Roof ___ Plumbing ___ Wiring ___ Heating ___ Other _____	___ Roof ___ Plumbing ___ Wiring ___ Heating ___ Other _____	___ Roof ___ Plumbing ___ Wiring ___ Heating ___ Other _____

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
<b>BUILDING</b>	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$ _____	\$ _____	\$ _____
<b>BPP</b>	___%	\$ _____			\$ _____	\$ _____	\$ _____
<b>BUSINESS INCOME</b>	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
<b>Total Limits</b>					\$ _____	\$ _____	\$ _____

Mortgage Holder – Name & Address:

Loc 1: \_\_\_\_\_

Loc 2: \_\_\_\_\_