



# BRYSON FINANCIAL

Employee Benefits Retirement Plans  
Property & Casualty Wealth Management

**PROPERTY, GENERAL LIABILITY, AUTOMOBILE  
APPLICATION**

Applicant		FEIN#		Eff. Date	
Address (# 1)		City		Zip	
Contact		Ph#		Fax#	
Email					

**ADDITIONAL LOCATIONS:**

#	2	Address		City		Zip	
#	3	Address		City		Zip	
#	4	Address		City		Zip	
#	5	Address		City		Zip	

**LOCATION SPECIFICS (ESTIMATE WHERE NEEDED):**

Loc #	Bld. #	Sq Feet	*Construction	Yr. Built	Sprinklered		Central Fire Alarm		Central Burglar Alarm	
					Yes	No	Yes	No	Yes	no
1	1									

\*Frame, Joisted Masonry (block with frame roof), Concrete Tilt-Up, High-Rise Building, etc.

**LOCATION/BUILDING – MAJOR UPDATES (COMPLETE IF BUILDING BUILT PRIOR TO 1985)**

Loc #	Bld. #	Roof Year Updated?	Plumbing Year Updated?	Electrical Year Updated?	HVAC Year Updated?	Misc./Notes
1	1					

**PROPERTY COVERAGE LIMITS**

Loc #	Bld. #	Building	Contents	Business Income	Other/Notes
1	1	\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

**GENERAL LIABILITY:**

Loc #	Gross Sales	Annual Payroll	Description of Operations
1	\$	\$	

\*Some classes of business will require the completion of specific industry applications – i.e. Contractors and Restaurants – see “Resource” tab

**VEHICLE DRIVER SCHEDULE (or ATTACH SEPARATE SCHEDULE):**

#	Year	Make	Model	Vin#	Approx Cost New	Garage Zip
1					\$	
2					\$	
3					\$	
#	First		Last	DOB	DL#	
1						
2						
3						



**ADDITIONAL LOCATIONS/BUILDINGS (IF NEEDED)**

**ADDITIONAL LOCATIONS:**

#	6	Address		City		Zip	
#	7	Address		City		Zip	
#	8	Address		City		Zip	
#	9	Address		City		Zip	
#	10	Address		City		Zip	

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**PROPERTY COVERAGE LIMITS**

Loc #	Bld. #	Building	Contents	Business Income	Other/Notes
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

**REMARKS:**

Comments, Additional Coverage's Needed, Additional Building Info, Additional Operations Info, Claims Information, etc.