

# COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

## APPLICANT INFORMATION SECTION

AGENT NAME:		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
ADDRESS:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
CITY:					
STATE:	ZIP CODE:	INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
PHONE (A/C, No, Ext):		PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
FAX (A/C, No):		GLASS AND SIGN		ELECTRONIC DATA PROC	BOILER & MACHINERY
E-MAIL ADDRESS:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
CODE:	SUB CODE:	CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	UMBRELLA
AGENCY CUSTOMER ID:		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

QUOTE	ISSUE POLICY	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME			DIRECT BILL		
CANCEL					AGENCY BILL		

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
					STREET:		
					City:		
					State:		
FEIN OR SOC SEC # (of First Named Insured):					Zip Code:		
PHONE (A/C, No, Ext):					WEBSITE ADDRESS(ES):		
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
PARTNERSHIP	JOINT VENTURE	NOT FOR PROFIT ORG	NO. OF MEMBERS AND MANAGERS				
INSPECTION CONTACT:					ACCOUNTING RECORDS CONTACT:		
PHONE (A/C, No, Ext):					E-MAIL ADDRESS:		
PHONE (A/C, No, Ext):					E-MAIL ADDRESS:		

### PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

### NATURE OF BUSINESS - DESCRIPTION OF OPERATIONS BY PREMISE(S) USE 10 WORDS OR MORE TO DESCRIBE:

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### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?					
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					
4. ANY CATASTROPHE EXPOSURE?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY																	
GENERAL COMMERICAL LIABILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
	RETRO DATE																	
	EFF-EXP DATE																	
	GENERAL AGGREGATE																	
	PRODUCTS COMP OP AGGREGATE																	
	PERSONAL & ADV INJ																	
	EACH OCCURRENCE																	
	FIRE DAMAGE																	
	MEDICAL EXPENSE																	
	BODILY INJURY	OCCURRENCE																
		AGGREGATE																
	PROPERTY DAMAGE	OCCURRENCE																
		AGGREGATE																
COMBINED SINGLE LIMIT																		
MODIFICATION FACTOR																		
TOTAL PREMIUM																		
AUTOMOBILE	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	COMBINED SINGLE LIMIT																	
	BODILY INJURY	EA PERSON																
		EA ACCIDENT																
	PROPERTY DAMAGE																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	
PROPERTY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	BUILDING	AMT																
	PERS PROP	AMT																
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	
	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	LIMIT																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)										CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY		
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN/CLSD				
REMARKS      NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY												ATTACHMENTS	
												STATE SUPPLEMENT(S) (If applicable)	
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)													

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

AGENCY	PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)					
	FAX (A/C, No):							
			EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL	PAYMENT PLAN	AUDIT
						AGENCY BILL		
		FOR COMPANY USE ONLY						
CODE:	SUB CODE:							
AGENCY CUSTOMER ID:								

## COVERAGES

		<b>COMMERCIAL GENERAL LIABILITY</b>	
	<input type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/> OCCURRENCE
		<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	
<b>DEDUCTIBLES</b>			
		PROPERTY DAMAGE	\$
		BODILY INJURY	\$
			\$
			<input type="checkbox"/> PER CLAIM
			<input type="checkbox"/> PER OCCURRENCE

## LIMITS

GENERAL AGGREGATE	\$	PREMIUMS
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	PREMISES/OPERATIONS
PERSONAL & ADVERTISING INJURY	\$	
EACH OCCURRENCE	\$	PRODUCTS
DAMAGE TO RENTED PREMISES (each occurrence)	\$	
MEDICAL EXPENSE (Any one person)	\$	OTHER
EMPLOYEE BENEFITS	\$	
		TOTAL

**OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)**

## SCHEDULE OF HAZARDS

[illegible]

## RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER

### CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		
REMARKS		

## **EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM:	\$
2. NUMBER OF EMPLOYEES:	
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:	
4. RETROACTIVE DATE:	
REMARKS	

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)			YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?					7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					8. PRODUCTS UNDER LABEL OF OTHERS?		
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					9. VENDORS COVERAGE REQUIRED?		
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT****ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED LOSS PAYEE MORTGAGEE LIENHOLDER EMPLOYEE AS LESSOR					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					SCHEDULED ITEM NUMBER:	
					OTHER	
					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							
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ADDITIONAL  
PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE(S)	BLKT #	FORMS AND CONDITIONS TO APPLY
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE	DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT	OPTIONS
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/>	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/>	CENTRAL STATION
								<input type="checkbox"/>	LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT- GAGEE				OTHER:	
ITEM DESCRIPTION:					

REMARKS

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