



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER		NAIC CODE
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
	POLICY NUMBER		
CONTACT NAME:	UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C. No. Ext.):			
FAX (A/C. No.):			
E-MAIL ADDRESS:			
CODE:	SUBCODE:	STATUS OF TRANSACTION	QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>
			BOUND (Give Date and/or Attach Copy):
			CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
			CANCEL
AGENCY CUSTOMER ID:			

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED		PREMIUM			PREMIUM			PREMIUM
X	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	X	ELECTRONIC DATA PROC	\$	X	TRANSPORTATION / MOTOR TRUCK CARGO	\$
X	BOILER & MACHINERY	\$	X	EQUIPMENT FLOATER	\$	X	TRUCKERS / MOTOR CARRIER	\$
	BUSINESS AUTO	\$	X	GARAGE AND DEALERS	\$	X	UMBRELLA	\$
X	BUSINESS OWNERS	\$	X	GLASS AND SIGN	\$	X	YACHT	\$
X	COMMERCIAL GENERAL LIABILITY	\$	X	INSTALLATION / BUILDERS RISK	\$	X		\$
X	CRIME / MISCELLANEOUS CRIME	\$	X	OPEN CARGO	\$	X		\$
X	DEALERS	\$	X	PROPERTY	\$			\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/>	PREMIUM PAYMENT SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/>	PROFESSIONAL LIABILITY SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/>	RESTAURANT / TAVERN SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/>	STATEMENT / SCHEDULE OF VALUES	<input type="checkbox"/>
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/>	STATE SUPPLEMENT (If applicable)	<input type="checkbox"/>
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/>	VACANT BUILDING SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/>	VEHICLE SCHEDULE	<input type="checkbox"/>
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> LOSS SUMMARY	<input type="checkbox"/>		<input type="checkbox"/>

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/30/2020		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Mario Clayton 222 N Ocala Rd Tallahassee FL 32304		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:										CONTACT TYPE:																													
CONTACT NAME:										CONTACT NAME:																													
PRIMARY PHONE #					HOME					BUS					CELL					SECONDARY PHONE #					HOME					BUS					CELL				
305-322-0401																																							
PRIMARY E-MAIL ADDRESS: mclaytongamero96@gmail.com										PRIMARY E-MAIL ADDRESS:																													
SECONDARY E-MAIL ADDRESS:										SECONDARY E-MAIL ADDRESS:																													

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET asdf				CITY LIMITS <input checked="" type="checkbox"/> INSIDE		INTEREST <input checked="" type="checkbox"/> OWNER		# FULL TIME EMPL asdf	ANNUAL REVENUES: \$ asdf	
BLD #	CITY: asdf				STATE: asdf		TENANT		# PART TIME EMPL asdf	OCCUPIED AREA: asdf SQ FT	
	COUNTY:				ZIP: asdf					OPEN TO PUBLIC AREA: asdf SQ FT	
DESCRIPTION OF OPERATIONS:										TOTAL BUILDING AREA: asdf SQ FT	
										ANY AREA LEASED TO OTHERS? Y / N	
										<input checked="" type="checkbox"/> Y	
LOC #	STREET asdf				CITY LIMITS <input checked="" type="checkbox"/> INSIDE		INTEREST <input checked="" type="checkbox"/> OWNER		# FULL TIME EMPL asdf	ANNUAL REVENUES: \$ asdf	
BLD #	CITY: asdf				STATE: asdf		TENANT		# PART TIME EMPL asdf	OCCUPIED AREA: asdf SQ FT	
	COUNTY:				ZIP: asdf					OPEN TO PUBLIC AREA: asdf SQ FT	
DESCRIPTION OF OPERATIONS:										TOTAL BUILDING AREA: asdf SQ FT	
										ANY AREA LEASED TO OTHERS? Y / N	
										<input checked="" type="checkbox"/> Y	
LOC #	STREET asdf				CITY LIMITS <input checked="" type="checkbox"/> INSIDE		INTEREST <input checked="" type="checkbox"/> OWNER		# FULL TIME EMPL asdf	ANNUAL REVENUES: \$ asdf	
BLD #	CITY: asdf				STATE: asdf		TENANT		# PART TIME EMPL asdf	OCCUPIED AREA: asdf SQ FT	
	COUNTY:				ZIP: asdf					OPEN TO PUBLIC AREA: asdf SQ FT	
DESCRIPTION OF OPERATIONS:										TOTAL BUILDING AREA: asdf SQ FT	
										ANY AREA LEASED TO OTHERS? Y / N	
										<input checked="" type="checkbox"/> Y	
LOC #	STREET asdf				CITY LIMITS <input checked="" type="checkbox"/> INSIDE		INTEREST <input checked="" type="checkbox"/> OWNER		# FULL TIME EMPL asdf	ANNUAL REVENUES: \$ asdf	
BLD #	CITY: asdf				STATE: asdf		TENANT		# PART TIME EMPL asdf	OCCUPIED AREA: asdf SQ FT	
	COUNTY:				ZIP: asdf					OPEN TO PUBLIC AREA: asdf SQ FT	
DESCRIPTION OF OPERATIONS:										TOTAL BUILDING AREA: asdf SQ FT	
										ANY AREA LEASED TO OTHERS? Y / N	
										<input checked="" type="checkbox"/> Y	

NATURE OF BUSINESS

<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/>	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE	<input type="checkbox"/>	
DESCRIPTION OF PRIMARY OPERATIONS											
A125nature											
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:				INSTALLATION, SERVICE OR REPAIR WORK %				OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED											

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/>	BREACH OF WARRANTY	<input type="checkbox"/>	MORTGAGEE					VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER	<input type="checkbox"/>	OWNER					AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR	<input type="checkbox"/>	REGISTRANT					ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER	<input type="checkbox"/>	TRUSTEE					ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:			
				LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
REASON FOR INTEREST:				E-MAIL ADDRESS:					

AGENCY CUSTOMER ID:

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	asdf			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	asdf			
	EXPIRATION DATE	asdf			
	CARRIER		asdf		
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		asdf		
	EXPIRATION DATE		asdf		
	CARRIER		asdf		
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		asdf		
	EXPIRATION DATE		asdf		
	CARRIER		asdf		
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		asdf		
	EXPIRATION DATE		asdf		

LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N
asdf		asdf		asdf			
asdf		asdf		asdf			

SIGNATURE

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 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.

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, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER