



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:		
AGENCY CUSTOMER ID:			

STATUS OF TRANSACTION	<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW
	<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):				
	<input type="checkbox"/>	CHANGE	DATE	TIME	<input type="checkbox"/>	AM
	<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM

SECTIONS ATTACHED

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<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 #
				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				
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				

AGENCY CUSTOMER ID:

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

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

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											
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 INSUREDS											

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:			FAX (A/C, No):		
<input type="checkbox"/>		LIEN AMOUNT:			PHONE (A/C, No, Ext):					
REASON FOR INTEREST:					E-MAIL ADDRESS:					