

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER PHONE (A/C, No, Ext): CODE: AGENCY CUSTOMER ID	CARRIER NAIC CODE: POLICIES OR PROGRAM REQUESTED INDICATE SECTIONS ATTACHED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> PROPERTY</td> <td style="width:33%;"><input type="checkbox"/> EQUIPMENT FLOATER</td> <td style="width:33%;"><input type="checkbox"/> GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/> ELECTRONIC DATA PROC</td> <td><input type="checkbox"/> BOILER & MACHINERY</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER		UNDERWRITER
<input type="checkbox"/> PROPERTY	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> GARAGE AND DEALERS																		
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	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER																			
SUB CODE:																				

STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	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
DATE	TIME			DIRECT BILL		
	<input type="checkbox"/> AM <input type="checkbox"/> PM			AGENCY BILL		

APPLICANT INFORMATION									
NAME (First Named Insured & Other Named Insureds)			FEIN OR SOC SEC # (of First Named Insured):			MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
			PHONE (A/C, No, Ext):						
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> CR BUREAU NAME	<input type="checkbox"/> ID NUMBER				<input type="checkbox"/> YEAR BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION							
INSPECTION CONTACT			PHONE (A/C, No, Ext):			ACCOUNTING RECORDS CONTACT			PHONE (A/C, No, Ext):

PREMISES INFORMATION							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED	
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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).
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3-YEARS? NOT APPLICABLE IN MO			

REMARKS

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; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	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 Y										CHK HERE IF NONE	SEE ATTACHED LOSS
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED		CLAIM STATUS	
										OPEN	
										CLOSED	
										OPEN	
										CLOSED	

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORDTM BUSINESS AUTO SECTION

DATE (MM/DD/YY)

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	OR EQUIVALENT NO-FAULT COVERAGE \$ DEDUCTIBLE	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5 7	TOTAL W/C \$ \$ M/E \$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMPREHENSIVE	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	2 4 8 3 7	
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS		COVERAGE IS:	PRIMARY SECONDARY

ENDORSEMENTS, FORMS, CONDITIONS

COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS
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DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:		\$						
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
UNDER 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$	
15 MILES OR OVER	FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL

VEHICLE DESCRIPTION (continued)

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW
		MODEL:	V.I.N.:		\$
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES
UNDER 15 MILES			PLEASURE	RETAIL	LIAB
15 MILES OR OVER			FARM	SERVICE	PIP
ADD'L PIP			UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
MED PAY UNINS MOTOR				FT	COMP
				FTW	COLL
DEDUCTIBLES			AA	ST AMT	COMP
					\$
					\$

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW
		MODEL:	V.I.N.:		\$
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES
UNDER 15 MILES			PLEASURE	RETAIL	LIAB
15 MILES OR OVER			FARM	SERVICE	PIP
ADD'L PIP			UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
MED PAY UNINS MOTOR				FT	COMP
				FTW	COLL
DEDUCTIBLES			AA	ST AMT	COMP
					\$
					\$

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW
		MODEL:	V.I.N.:		\$
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES
UNDER 15 MILES			PLEASURE	RETAIL	LIAB
15 MILES OR OVER			FARM	SERVICE	PIP
ADD'L PIP			UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
MED PAY UNINS MOTOR				FT	COMP
				FTW	COLL
DEDUCTIBLES			AA	ST AMT	COMP
					\$
					\$

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW
		MODEL:	V.I.N.:		\$
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES
UNDER 15 MILES			PLEASURE	RETAIL	LIAB
15 MILES OR OVER			FARM	SERVICE	PIP
ADD'L PIP			UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
MED PAY UNINS MOTOR				FT	COMP
				FTW	COLL
DEDUCTIBLES			AA	ST AMT	COMP
					\$
					\$

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)					
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION:
LOSS PAYEE					BUILDING:
MORTGAGEE					VEHICLE:
LIENHOLDER					BOAT:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES				YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?					
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?					
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?					
4. ARE ANY VEHICLES LEASED TO OTHERS?					
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?					
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?					
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?					
8. ANY HOLD HARMLESS AGREEMENTS?					
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, PLEASE IDENTIFY IN REMARKS.					
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?					
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?					
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?					
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?					
DESCRIPTION OF GARAGE/STORAGE LOCATIONS					MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
REMARKS					

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)					
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.					
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:			<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.		
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.		1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP	_____	(APPLICANT'S SIGNATURE)	
		2. I REJECT UM BODILY INJURY COVERAGE	_____	(APPLICANT'S SIGNATURE)	
		3. I REJECT UIM BODILY INJURY COVERAGE	_____	(APPLICANT'S SIGNATURE)	
		4. I REJECT UM PROPERTY DAMAGE COVERAGE	_____	(APPLICANT'S SIGNATURE)	
		5. I REJECT UIM PROPERTY DAMAGE COVERAGE	_____	(APPLICANT'S SIGNATURE)	