

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:50%; border-right: 1px solid black;"> <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO </td> <td style="width:50%;"> <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER </td> </tr> <tr> <td style="border-right: 1px solid black;"> <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA </td> <td></td> </tr> </table>	<input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA		UNDERWRITER
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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			<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		
	AM PM					

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	CR BUREAU NAME	ID NUMBER	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	
			INSIDE	OWNER			
			OUTSIDE	TENANT			
			INSIDE	OWNER			
			OUTSIDE	TENANT			
			INSIDE	OWNER			
			OUTSIDE	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.

ACORD® UMBRELLA SECTION

DATE (MM/DD/YY)

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

POLICY INFORMATION		TRANSACTION TYPE	LIMIT OF LIABILITY	RETAINED LIMIT
	NEW	PROPOSED RETROACTIVE DATE	\$ EACH OCCURRENCE	\$
	RENEWAL		\$	
EXPIRING POL #:		CURRENT RETROACTIVE DATE:		FIRST DOLLAR DEFENSE
				YES NO

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)				
#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES # EMPL

UNDERLYING INSURANCE						
LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY				CSL \$	\$	
				BI \$	\$	
				PD \$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$	PREM/OPS	
				GENERAL AGGR \$	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				FIRE DAMAGE \$	OTHER	
				MEDICAL EXPENSE \$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				DISEASE POLICY LIMIT \$		
				DISEASE EACH EMPLOYEE \$		

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)				
1	ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			YES NO
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?		YES, EFF. DATE:	
				NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES				
CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
COVERAGE	EXPOSURE			
<input type="checkbox"/> AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/> ADDITIONAL INTERESTS	LIQUOR LIABILITY			
	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							
	REAL							
	PERSONAL							
	REAL							
	PERSONAL							

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
ADVERTISERS LIABILITY			POLLUTION LIABILITY EPA#:		
1. MEDIA USED: _____ ANNUAL COST: \$ _____			20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?					
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?					
AIRCRAFT LIABILITY			21. INDICATE THE COVERAGES CARRIED:		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?			<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION		
AUTO LIABILITY			<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?			<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT		
6. ARE PASSENGERS CARRIED FOR A FEE?			<input type="checkbox"/> SEPARATE POLLUTION COVERAGE		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?			PRODUCT LIABILITY		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?			22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?			23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		
CONTRACTORS LIABILITY			24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?			25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):			26. GROSS SALES FROM EACH OF LAST 3 YEARS:		
			\$ _____	\$ _____	\$ _____
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):			PROTECTIVE LIABILITY		
			27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?					
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?					
EMPLOYERS LIABILITY			WATERCRAFT LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?			28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP			# OWNED	LENGTH	HORSEPOWER
OTHER: _____					
INCIDENTAL MALPRACTICE LIABILITY			APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?			# STORIES	# UNITS	# SWIMMING POOLS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?					# DIVING BOARDS
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____					

REMARKS	VEHICLES								
	TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI	
	PRIVATE PASSENGER								
	TRUCKS	LIGHT							
		MEDIUM							
		HEAVY							
		EX. HEAVY							
	TRUCKS/TRACTORS	HEAVY							
		EX. HEAVY							
BUSES									

APPLICABLE IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT:

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

IMPORTANT
THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE

DATE