

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER PHONE (A/C, No, Ext): CODE: SUB CODE: AGENCY CUSTOMER ID	CARRIER NAIC CODE: UNDERWRITER POLICIES OR PROGRAM REQUESTED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px dashed black;">INDICATE SECTIONS ATTACHED</td> <td style="width:33%; border-bottom: 1px dashed black;">EQUIPMENT FLOATER</td> <td style="width:33%; border-bottom: 1px dashed black;">GARAGE AND DEALERS</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">PROPERTY</td> <td style="border-bottom: 1px dashed black;">INSTALLATION/BUILDERS RISK</td> <td style="border-bottom: 1px dashed black;">VEHICLE SCHEDULE</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">GLASS AND SIGN</td> <td style="border-bottom: 1px dashed black;">ELECTRONIC DATA PROC</td> <td style="border-bottom: 1px dashed black;">BOILER & MACHINERY</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td style="border-bottom: 1px dashed black;">COMMERCIAL GENERAL LIABILITY</td> <td style="border-bottom: 1px dashed black;">WORKERS COMPENSATION</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">CRIME/MISCELLANEOUS CRIME</td> <td style="border-bottom: 1px dashed black;">BUSINESS AUTO</td> <td style="border-bottom: 1px dashed black;">UMBRELLA</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td style="border-bottom: 1px dashed black;">TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	
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STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION				
QUOTE	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		
	AM PM			AGENCY BILL		

APPLICANT INFORMATION							
NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER	YEAR BUS STARTED	
PARTNERSHIP	JOINT VENTURE	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 FRAUD 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												
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 OCCURRENCE												
	INJURY AGGREGATE												
	PROPERTY OCCURRENCE												
DAMAGE AGGREGATE													
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY EA PERSON												
	INJURY 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.