

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER		PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER
CODE:		SUB CODE:	POLICIES OR PROGRAM REQUESTED		
AGENCY CUSTOMER ID		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	

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
DATE	TIME			DIRECT BILL	AUDIT
	AM			AGENCY BILL	
	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)	
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION		NOT FOR PROFIT ORGANIZATION	YEAR BUSINESS 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?			
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.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
-----------------------	----------------------

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL 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																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS (REGARDLESS OF FAULT) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)											CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	
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 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 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

PRODUCER

APPLICANT (first Named Insured)

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		AGENCY		
		DIRECT		

FOR COMPANY USE ONLY

PREMISES INFORMATION

P R E M I U M N O.	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
01								
B L D G N O.								
01								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		FIRE DISTRICT/CODE NUMBER		PROT. CL.	# STORIES	# BASM'TS	YR. BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR:		OTHER OCCUPANCIES				
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN	CLOCK HOURLY	
FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Halon Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

P R E M I U M N O.	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
B L D G N O.								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		FIRE DISTRICT/CODE NUMBER		PROT. CL.	# STORIES	# BASM'TS	YR. BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR:		OTHER OCCUPANCIES				
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN	CLOCK HOURLY	
FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Halon Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS

PREMISES INFORMATION

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
P R E M I S E N O.								
B L D G N O.								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS, AND RATING INFORMATION

CONSTRUCTION TYPE		FIRE DISTRICT/CODE NUMBER		PROT. CL.	# STORIES	# BASMT'S	YR. BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR:		OTHER OCCUPANCIES				
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY
FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Halon Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS

SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION REQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED	
						PREMISE LIMIT	AGGREGATE

OTHER

ADDITIONAL INTERESTS

P R E M I S E N O.	NAME & ADDRESS			P R E M I S E N O.	NAME & ADDRESS		
	INTEREST		CERTIFICATION REQUIRED		INTEREST		CERTIFICATION REQUIRED
B L D G N O.				B L D G N O.			

REMARKS

(Include Information On Participating Carriers)