



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
	INDICATE SECTIONS ATTACHED		ELECTRONIC DATA PROC	TRUCKERS/MOTOR CARRIER
	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA
	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE
PHONE (A/C, No, Ext):	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> WORKERS COMPENSATION	
FAX (A/C, No):	<input type="checkbox"/> DEALERS	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> YACHT	
E-MAIL ADDRESS:	<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> OPEN CARGO		
CODE:		<input type="checkbox"/> PROPERTY		
AGENCY CUSTOMER ID:	SUB CODE:	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		

**STATUS OF TRANSACTION****PACKAGE POLICY INFORMATION**

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	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
CHANGE	DATE	TIME			<input type="checkbox"/> DIRECT BILL		
<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM			<input type="checkbox"/> AGENCY BILL		
		<input type="checkbox"/> PM					

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN OR SOC SEC # (of First Named Insured):				PHONE (A/C, No, Ext):			
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:	DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE				ID NUMBER:		
INSPECTION CONTACT:				ACCOUNTING RECORDS CONTACT:			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

**PREMISES INFORMATION**

ACORD 823 attached for additional premises

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

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

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**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		<input type="checkbox"/>	<input type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/>	<input type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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).		<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input type="checkbox"/>	<input type="checkbox"/>
				12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/>	<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)							
<p>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, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>							
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE			NATIONAL PRODUCER NUMBER		

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY													
GENERAL 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 YEARS (3 YEARS IN KS & NY)							CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS	
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED			OPEN	CLSD	
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY							ATTACHMENTS			
							STATE SUPPLEMENT(S) (If applicable)			

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.