

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE

<b>PRODUCER</b> <input type="checkbox"/> <b>PHONE (A/C, No, Ext):</b>  <b>CODE:</b> _____ <b>SUB CODE:</b> _____ <b>AGENCY CUSTOMER ID</b> _____	<b>CARRIER</b> _____ <b>NAIC CODE:</b> _____ <b>UNDERWRITER</b> _____ <b>POLICIES OR PROGRAM REQUESTED</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>INDICATE SECTIONS ATTACHED</b></td> <td style="width:33%;">EQUIPMENT FLOATER</td> <td style="width:33%;">GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> PROPERTY</td> <td>INSTALLATION/BUILDERS RISK</td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> GLASS AND SIGN</td> <td>ELECTRONIC DATA PROC</td> <td>BOILER &amp; MACHINERY</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td>COMMERCIAL GENERAL LIABILITY</td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td>BUSINESS AUTO</td> <td>UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td>TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>	<b>INDICATE SECTIONS ATTACHED</b>	EQUIPMENT FLOATER	GARAGE AND DEALERS	<input type="checkbox"/> PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	<input type="checkbox"/> GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	
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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):		<b>PROPOSED EFF DATE</b>	<b>PROPOSED EXP DATE</b>	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>
<b>DATE</b>	<b>TIME</b>			<input type="checkbox"/> DIRECT BILL	
	<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AGENCY BILL	<b>AUDIT</b>

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)	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		<input type="checkbox"/> NOT FOR PROFIT ORGANIZATION	<b>YEAR BUSINESS STARTED</b>
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION			
<b>INSPECTION CONTACT</b>		<b>ACCOUNTING RECORDS CONTACT</b>			
PHONE (A/C, No, Ext):		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	YES	NO
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					

<b>REMARKS</b>
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**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.**

<b>APPLICANT'S SIGNATURE</b>	<b>PRODUCER'S SIGNATURE</b>
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	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																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	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.

# ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:15%;">AUDIT</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">AGENCY BILL</td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT								
		AGENCY BILL										
CODE:	SUB CODE:	FOR COMPANY USE ONLY										
AGENCY CUSTOMER ID:												

<b>PREMISES INFORMATION</b>		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL		POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	
	NON MFG	EXCL <input type="checkbox"/> INCL <input type="checkbox"/>	\$ _____ DED _____	_____ DAYS	\$ _____ STUDENTS	<input type="checkbox"/> POWER	DEPEND PROP
MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> WATER	_____ % COIN	
MINING	180 DAYS	_____ DAYS	_____ LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> CONT LOC	
_____ % COINS	\$ _____	ORD OR LAW	MAX PERIOD			<input type="checkbox"/> REC LOC	
		_____ DAYS				<input type="checkbox"/> MFG LOC	
						<input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST	
						LIMIT LOSS PAY	
						_____ % _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES				
WIRING, YR:	PLUMBING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?				
ROOFING, YR:	HEATING, YR:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			
OTHER:						YES		NO	
						YES		NO	
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
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION:
<input type="checkbox"/> LOSS PAYEE				BUILDING:
<input type="checkbox"/> MORTGAGEE				SCHEDULED ITEM NUMBER:
	ITEM DESCRIPTION:			OTHER:

**VALUE REPORTING INFORMATION**

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

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							LIMIT LOSS PAY _____% _____% _____% _____%		

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