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CHANGE DATE TIME	AM					IRECT BILL			
CANCEL	PM				А	GENCY BILL	PACKAGE PO	OLICY PREMIUM: \$	
PPLICANT INFORMATION ME (First Named Insured & Other Named Insureds)					MAILING	ADDRESS IN	CI ZIP+4 (of Fir	rst Named Insured)	
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IN OR SOC SEC #	PHONE								
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EXP	LAIN ALL "YES" RESPONSES				Y/N					
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?									
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?									
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?									
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?									
4.	ANY CATASTROPHE EXPOSURE?									
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?									
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DU	URING THE PRIOR THREE (3) YEARS? (Not applicable in MO	O)							
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTA	NTION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HI	RING?							
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDIOTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHE (In RI, this question must be answered by any applicant for property insurance. Fa year of imprisonment).	R PROPERTY?								
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?									
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN TI	HE PAST FIVE (5) YEARS?								
	HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:									
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, O (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exp		TRIES?							
REM	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is	required)								
FROME WE PAI AN	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEITICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMOM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPILL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLERTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO YINACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RICH NOT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO THE PROPERTY OF THE PROPE	MATION ABOUT YOU, INCLUDING INFORMATION FROI LICATION FOR INSURANCE AND SUBSEQUENT PI ICTED BY US OR OUR AGENTS MAY IN CERTAIN O TO REVIEW YOUR PERSONAL INFORMATION IN OI GHTS AND OUR PRACTICES REGARDING SUCH IN	M A CREDIT REPORT, I OLICY RENEWALS. S DIRCUMSTANCES BE UR FILES AND CAN R	MAY BE COLLECTED SUCH INFORMATION AS DISCLOSED TO THIRD EQUEST CORRECTION	OF					
ST/ FAG PEI	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN' ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFOR CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A NALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in	MATION, OR CONCEALS FOR THE PURPOSE OF N CT, WHICH IS A CRIME AND SUBJECTS THE PERS DC, LA, ME, TN, VA and WA, insurance benefits may	MISLEADING INFORM SON TO CRIMINAL AN y also be denied)	ATION CONCERNING AN ID [NY: SUBSTANTIAL] C	NY					
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF										
	ODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENS (Required in Florida)	SE NO					
APF	PLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NU	UMBER					

AGENCY CUSTOMER ID:

GENERAL INFORMATION

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SUBJECT OF INSURANCE AMOUNT						cc	COINS % VALU-				LOSS INFLATION C			DED	DED BLKT				IS AND CO	NDITIO	NS TO API	PLY	
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)									9	% SPRN	IK	FIRE ALAF	RM N	MANUFA	CTURER						1	AL STATION	
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ITEM DESCRIPTION:

AGENCY CUSTOMER ID:	

ADDITIONAL PREMISES #: STREET ADDRESS:																					
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	SUBJECT	OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES	OF LOSS	INFL GU	ATION RD %	DEI	D E	BLKT #		FORMS	S AND COI	NOITION	IS TO	APPLY		
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ST. FA PE	ATEMENT C CT MATERI NALTIES. (N	OF CLAIM CONT AL THERETO, C Not applicable in	AINING AN OMMITS A CO, FL, HI,	/ITH INTENT TO IY MATERIALLY I FRAUDULENT MA, NE, OH, OI NGLY AND WIT	FALSE INSURA K, OR or	INFORI NCE A VT; in I	MATION, CT, WHIC DC, LA, M	OR CONC CH IS A CF IE, TN, VA	EALS RIME A and \	FOR AND SI WA, ins	THE PU UBJECT surance	IRPOSI IS THE benefit	E OF PER s ma	MISLEA ISON TO y also be	DING IN CRIMIN denied)	FORMAT AL AND	ION CO NY: SU	ONC JBS	ERNING TANTIA	3 ANY	

APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.