



# COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

## APPLICANT INFORMATION SECTION

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

<b>STATUS OF TRANSACTION</b>				<b>PACKAGE POLICY INFORMATION</b>									
<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.							
<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):			<input type="checkbox"/>	PROPOSED EFF DATE	<input type="checkbox"/>	PROPOSED EXP DATE	<input type="checkbox"/>	BILLING PLAN	<input type="checkbox"/>	PAYMENT PLAN	<input type="checkbox"/>	AUDIT
<input type="checkbox"/>	CHANGE	DATE	TIME	<input type="checkbox"/>	AM	<input type="checkbox"/>		<input type="checkbox"/>	DIRECT BILL	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM	<input type="checkbox"/>		<input type="checkbox"/>	AGENCY BILL	<input type="checkbox"/>	PACKAGE POLICY PREMIUM: \$		

<b>APPLICANT INFORMATION</b>														
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	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:			<input type="checkbox"/>	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		ID NUMBER:			<input type="checkbox"/>	
INSPECTION CONTACT:						ACCOUNTING RECORDS CONTACT:								
PHONE (A/C, No, Ext):			E-MAIL ADDRESS:			PHONE (A/C, No, Ext):			E-MAIL ADDRESS:					

<b>PREMISES INFORMATION</b>		<b>ACORD 823 attached for additional premises</b>											
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST		YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
						INSIDE	OWNER						
						OUTSIDE	TENANT						
						INSIDE	OWNER						
						OUTSIDE	TENANT						
						INSIDE	OWNER						
						OUTSIDE	TENANT						
						INSIDE	OWNER						
						OUTSIDE	TENANT						

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>													

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<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"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<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"/>

**REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)**

☐ 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.**

**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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)**  
**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 HIS/HER KNOWLEDGE.**

<b>PRODUCER'S SIGNATURE</b>	<b>PRODUCER'S NAME (Please Print)</b>	<b>STATE PRODUCER LICENSE NO (Required in Florida)</b>
<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>NATIONAL PRODUCER NUMBER</b>

LINE	CATEGORY																			
GENERAL COMMERCIAL LIABILITY	CARRIER																			
	POLICY NUMBER																			
	POLICY TYPE			CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
	RETRO DATE																			
	EFF-EXP DATE																			
	LIMITS	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 LIABILITY	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																				
	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
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
						OPEN	CLSD		

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY								ATTACHMENTS	
										STATE SUPPLEMENT(S) (If applicable)

PRODUCER	APPLICANT					
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN		PAYMENT PLAN	AUDIT
				AGENCY		
				DIRECT		
	FOR COMPANY USE ONLY					

### TERRITORY OF OPERATION

--	--

## TYPE OF OPERATION

--

**COVERAGE/DEDUCTIBLE**

## EQUIPMENT STORAGE

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

### UNSCHEDULED EQUIPMENT

[illegible]

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)**

NAME & ADDRESS	NAME & ADDRESS

INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED
----------	--	---------------------------	----------	--	---------------------------

NAME & ADDRESS	NAME & ADDRESS
----------------	----------------

INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED
----------	--	---------------------------	----------	--	---------------------------

## GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?			3.	PROPERTY USED UNDERGROUND?		
				4.	ANY WORK DONE AFLOAT?		
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?						

REMARKS

**% COINSURANCE**

ACORD 146 (2000/05) ATTACH TO APPLICANT INFORMATION SECTION