

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.																																		
	FAX (A/C, No.):																																						
CODE: SUB CODE:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER																																		
		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> <td>BOILER & MACHINERY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>TRUCKERS/MOTOR CARRIER</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	VEHICLE SCHEDULE	<input type="checkbox"/>	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	WORKERS COMPENSATION	<input type="checkbox"/>	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	UMBRELLA	<input type="checkbox"/>		<input type="checkbox"/>	TRUCKERS/MOTOR CARRIER	<input type="checkbox"/>		
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AGENCY CUSTOMER ID:																																							

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

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)				
E-MAIL ADDRESS(ES):			PHONE (A/C, No, Ext):			WEBSITE ADDRESS(ES):				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LIMITED LIAB CORP	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS					
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
						<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)

GENERAL INFORMATION													
EXPLAIN ALL "YES" RESPONSES					YES	NO	EXPLAIN ALL "YES" RESPONSES					YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?							7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?						
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?							8. DURING THE LAST FIVE YEARS (TEN IN RI), 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).						
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?							9. ANY UNCORRECTED FIRE CODE VIOLATIONS?						
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?							10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?						
4. ANY CATASTROPHE EXPOSURE?							11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:						
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/PROCESSING INSTRUCTIONS			
<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 and VA, insurance benefits may also be denied)</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

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 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			
									CLOSED			
									OPEN			
									CLOSED			
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. 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.

ACORDTM INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C. No. Ext):	APPLICANT													
	FAX (A/C. No):														
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">PROPOSED EFF. DATE</td> <td style="width:20%;">PROPOSED EXP. DATE</td> <td style="width:15%;">BILLING PLAN</td> <td style="width:15%;">PAYMENT PLAN</td> <td style="width:10%;">PREM. ADJ.</td> </tr> <tr> <td></td> <td></td> <td>AGENCY</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DIRECT</td> <td></td> <td></td> </tr> </table>	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.			AGENCY					DIRECT	
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		AGENCY													
		DIRECT													
<input type="checkbox"/> INSTALLATION <input type="checkbox"/> BUILDERS RISK		FOR COMPANY USE ONLY													

OPEN REPORTING FORM

COVERAGE

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$	\$

CAUSES OF LOSS & DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD <input type="checkbox"/> BASIC		

TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (ESTIMATE)
\$	\$

JOBS/VALUES

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS	NAME & ADDRESS				
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED
NAME & ADDRESS	NAME & ADDRESS				
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED

RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

TRANSPORTATION/SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

REMARKS

SPECIFIC JOB

COVERAGE

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
<input type="checkbox"/> \$	\$	\$

CAUSES OF LOSS & DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

JOB TERM/VALUES

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		\$	\$

SECURITY

DESCRIBE JOB SITE SECURITY

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: _____

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS	NAME & ADDRESS
INTEREST	INTEREST
CERTIFICATION REQUIRED	CERTIFICATION REQUIRED
NAME & ADDRESS	NAME & ADDRESS
INTEREST	INTEREST
CERTIFICATION REQUIRED	CERTIFICATION REQUIRED

TRANSPORTATION

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.			
AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

RIGGING

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS