

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
		INDICATE SECTIONS ATTACHED <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA	
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
CHANGE	DATE	TIME			DIRECT BILL		
CANCEL					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	<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"/> NOT FOR PROFIT ORG	<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
					INSIDE	OWNER		
					OUTSIDE	TENANT		
					INSIDE	OWNER		
					OUTSIDE	TENANT		
					INSIDE	OWNER		
					OUTSIDE	TENANT		

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

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
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			
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)			
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.



GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)			
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
AGENCY CUSTOMER ID:				AGENCY BILL	AUDIT
FOR COMPANY USE ONLY					

BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES		AUTO DEALERS		VEHICLE STORAGE		
		FRANCHISED	NON-FRANCHISED	TYPE OF FACILITY		LOCATION #
REPAIR SHOP		CAR	%	BUILDING		
MOBILE HOME TRAILER DEALER		TRUCK-TRACTOR	%			
SERVICE STATION		MOTORCYCLE	%	STANDARD OPEN LOT		
COMMERCIAL TRAILER DEALER		RECREATIONAL VEHICLE	%	NON-STANDARD OPEN LOT		
STORAGE/GARAGE/PUBLIC PARKING		SNOWMOBILE	%			
			%			

COVERAGES/LIMITS

USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION NUMBER			DEFINITIONS:
CLASS I	REGULAR OPERATORS				
	EMPLOYEES	ALL OTHERS			
CLASS II	UNDER AGE 25				CLASS II - NON-EMPLOYEES ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I. NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.
	NON-EMPLOYEES	ALL OTHERS			

DEALERS PHYSICAL DAMAGE

NON-DEALERS PREMISES & OPERATIONS

COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE							\$	
SPECIFIED PERILS							\$	
COLLISION							\$	

SERVICE OR REPAIR SHOPS

ANNUAL GROSS SALES \$	NUMBER OF GALLONS OF GAS PUMPED PER YEAR:
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DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?			11. DOES APPLICANT USE TOW TRUCKS?		
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?			12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?		
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?			13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?		
4. IS TIRE RECAPPING OR RETREADING PERFORMED?			14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)		
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?			15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)		
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?			16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)		
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?			17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?		
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?			18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?					
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					

ITEM DESCRIPTION:

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					

ITEM DESCRIPTION:

REMARKS