

# 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>INDICATE SECTIONS ATTACHED</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td>PROPERTY</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> <td>BOILER &amp; MACHINERY</td> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>UMBRELLA</td> </tr> <tr> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> <td>TRUCKERS/MOTOR CARRIER</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	GARAGE AND DEALERS	PROPERTY	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	VEHICLE SCHEDULE	GLASS AND SIGN	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	WORKERS COMPENSATION	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	UMBRELLA	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	TRUCKERS/MOTOR CARRIER	<input type="checkbox"/>	
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AGENCY CUSTOMER ID:																																

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	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 NOT FOR PROFIT ORG	<input type="checkbox"/>	LIMITED LIAB CORP	<input type="checkbox"/>	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"/> 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)

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### 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

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	
<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 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		

<b>REMARKS</b> NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	<b>ATTACHMENTS</b>
	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.

# ACORD<sup>TM</sup> PROPERTY SECTION

DATE (MM/DD/YYYY)

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

PREMISES INFORMATION		PREMISES #:	BUILDING #:	STREET ADDRESS:				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	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:	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	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE	INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

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				

**PREMISES INFORMATION**

PREMISES #: \_\_\_\_\_ BUILDING #: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

**ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE**

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<b>ORDINARY PAYROLL</b> <input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____		<b>POWER/HEAT</b> \$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS	<b>EXT PERIOD</b> _____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b> _____ DAYS	<b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <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
<b>BUILDING IMPROVEMENTS</b> <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<b>BLDG CODE GRADE</b> _____	<b>TAX CODE</b> _____	<b>ROOF TYPE</b> _____	<b>WIND CLASS</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	<b>OTHER OCCUPANCIES</b> HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>RIGHT EXPOSURE &amp; DISTANCE</b>			<b>LEFT EXPOSURE &amp; DISTANCE</b>			<b>REAR EXPOSURE &amp; DISTANCE</b>				
<b>BURGLAR ALARM TYPE</b>			<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	CENTRAL STATION WITH KEYS	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>							<b># GUARDS/WATCHMEN</b>		CLOCK HOURLY	
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems)</b>					<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>			CENTRAL STATION LOCAL GONG	

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
<b>INTEREST</b> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	<b>INTEREST</b> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY

**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				

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