

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE

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

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.		
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):	DATE	TIME	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN
<input type="checkbox"/> CHANGE					PAYMENT PLAN
<input type="checkbox"/> CANCEL		AM PM			AUDIT
					DIRECT BILL
					AGENCY BILL

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds)		FBI OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+ 4 (of First Named Insured)	
		PHONE (A/C, No, Ext):			
		INTERNET ADDRESS			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION			YEAR BUS STARTED
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)	
<p>EXPLAIN ALL "YES" RESPONSES</p> <p>1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?</p> <p>2. IS A FORMAL SAFETY PROGRAM IN OPERATION?</p> <p>3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?</p> <p>4. ANY CATASTROPHE EXPOSURE?</p> <p>5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?</p> <p>6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO</p> <p>7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?</p> <p>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).</p> <p>9. ANY UNCORRECTED FIRE CODE VIOLATIONS?</p> <p>10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS</p>	

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	EXPLAIN ALL "YES" RESPONSES
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	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).
4. ANY CATASTROPHE EXPOSURE?	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS
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, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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**PRIOR CARRIER INFORMATION**

<b>GENERAL LIABILITY</b>	<b>LINE</b>	<b>CATEGORY</b>												
		CARRIER												
		POLICY NUMBER												
		POLICY TYPE		CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	
		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>LIABILITY</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 YEAR (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

**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 125 (2000/08)