



COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

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

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
QUOTE	ISSUE POLICY	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
CHANGE	DATE	TIME			DIRECT BILL
CANCEL		AM			AGENCY BILL
		PM			
					AUDIT

APPLICANT INFORMATION			
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):
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC
PARTNERSHIP	JOINT VENTURE		NO. OF MEMBERS AND MANAGERS
INSPECTION CONTACT:		CR BUREAU NAME	ID NUMBER
PHONE (A/C, No, Ext):		ACCOUNTING RECORDS CONTACT:	
E-MAIL ADDRESS:		PHONE (A/C, No, Ext):	E-MAIL ADDRESS:

PREMISES INFORMATION										
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				

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?				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?			
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				(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?				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)			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)							
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?							

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD 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)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
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																
	PROPERTY DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILITY	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	CLSD	
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 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.

PRODUCER _____ APPLICANT (First Named Insured) _____

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$	COLLISION	2 4 8 3 7	
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES #DAYS #VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE		
			COVERAGE IS: PRIMARY SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46 43 47		\$
	42 47	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
	43 50	PROPERTY DAMAGE \$	COLLISION	42 46 43 47		\$
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED MOTORIST	42 46 43 45	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$	TRAILER INTERCHANGE			
			COVERAGES	SYMBOL	#TRAILERS STATE #DAYS RADIUS	DEDUCTIBLE
			COMPREHENSIVE	48 49		
			SPECIFIED CAUSES OF LOSS	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES #DAYS #VEH		
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE			
			COVERAGE IS: PRIMARY SECONDARY			
OTHER			OTHER			

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																		
LIABILITY	<input type="checkbox"/> 61 <input type="checkbox"/> 67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	<input type="checkbox"/> 62 <input type="checkbox"/> 67																	
	<input type="checkbox"/> 62 <input type="checkbox"/> 68	BI EACH ACCIDENT \$		<input type="checkbox"/> 63 <input type="checkbox"/> 68				DEDUCTIBLE													
	<input type="checkbox"/> 63 <input type="checkbox"/> 71	PROPERTY DAMAGE \$		<input type="checkbox"/> 64																	
	<input type="checkbox"/> 64																				
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62 <input type="checkbox"/> 67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	<input type="checkbox"/> 63 <input type="checkbox"/> 68	<input type="checkbox"/> F <input type="checkbox"/> FTW	\$													
			COLLISION	<input type="checkbox"/> 62 <input type="checkbox"/> 67		<input type="checkbox"/> 63 <input type="checkbox"/> 68		\$													
				<input type="checkbox"/> 64																	
MEDICAL PAYMENTS	<input type="checkbox"/> 62 <input type="checkbox"/> 64	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/> 63		<input type="checkbox"/> 67		\$													
UNINSURED MOTORIST	<input type="checkbox"/> 62 <input type="checkbox"/> 66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ DED \$	TRAILER INTERCHANGE																		
	<input type="checkbox"/> 63 <input type="checkbox"/> 67	BI EACH ACCIDENT \$ DED \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE												
	<input type="checkbox"/> 64	PROPERTY DAMAGE \$ DED \$	COMPREHENSIVE	<input type="checkbox"/> 69																	
				<input type="checkbox"/> 70																	
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 69																	
				<input type="checkbox"/> 70																	
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	<input type="checkbox"/> 69					\$												
	<input type="checkbox"/> NO	\$		<input type="checkbox"/> 70																	
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		STATES	# DAYS	# VEH															
	<input type="checkbox"/> NO	\$																			
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE																		
	<input type="checkbox"/> NO	NUMBER OF																			
		<input type="checkbox"/> EMPLOYEES																			
		<input type="checkbox"/> VOLUNTEERS																			
		<input type="checkbox"/> PARTNERS																			
OTHER			OTHER																		
<p>COVERED AUTO SYMBOLS</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;">(61) ANY AUTO</td> <td style="width:25%;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:25%;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:25%;">(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> </table>										(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY	(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT																		
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY																		
(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT																			

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND ~~COVERAGE~~ OPTIONS SHOWN IN THIS APPLICATION. I HAVE ALSO SIGNED THE STATE SUPPLEMENT TO THIS APPLICATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	
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