



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER		NAIC CODE	
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	
	POLICY NUMBER			
CONTACT NAME:	UNDERWRITER		UNDERWRITER OFFICE	
PHONE (A/C, No, Ext):	STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW	
FAX (A/C, No):			DATE	TIME
E-MAIL ADDRESS:				
CODE:				AM PM
SUBCODE:				
AGENCY CUSTOMER ID:				

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

GENERAL INFORMATION**EXPLAIN ALL "YES" RESPONSES****Y / N**

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL☐ MONTHLY MEETINGS☐☐ SAFETY POSITION☐ OSHA

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐☐ NON-RENEWAL☐ UNDERWRITING☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

7. 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?
(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).

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST?

NAME OF TRUST

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)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	

COVERAGES

LIMITS

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE OWNER'S & CONTRACTOR'S PROTECTIVE			GENERAL AGGREGATE \$ _____ LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: _____		PREMIUMS PREMISES/OPERATIONS	
DEDUCTIBLES <input type="checkbox"/> PROPERTY DAMAGE \$ _____ <input type="checkbox"/> BODILY INJURY \$ _____ <input type="checkbox"/> \$ _____ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE			PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____		PRODUCTS	
			PERSONAL & ADVERTISING INJURY \$ _____			
			EACH OCCURRENCE \$ _____		OTHER	
			DAMAGE TO RENTED PREMISES (each occurrence) \$ _____			
			MEDICAL EXPENSE (Any one person) \$ _____		TOTAL	
EMPLOYEE BENEFITS \$ _____						
			\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

[illegible]

RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1.000/PAY

(A) AREA - PER 1.000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER _____

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES

Y/N

1. PROPOSED RETROACTIVE DATE:

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2011/09)

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AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

<input type="checkbox"/> INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

Y / N

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?

2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?

3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)

4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?

5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS	LARGE EQUIPMENT	
	SMALL TOOLS	LARGE EQUIPMENT	

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?

7. ANY PARKING FACILITIES OWNED/RENTED?

8. IS A FEE CHARGED FOR PARKING?

9. RECREATION FACILITIES PROVIDED?

10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)

☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD

12. ARE SOCIAL EVENTS SPONSORED?

13. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18
		12 & UNDER	OVER 18			12 & UNDER	OVER 18
EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:			

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

AGENCY CUSTOMER ID:

PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY NAME		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

PREMISES INFORMATION		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811		

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		\$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION
		DEDUCTIBLE		<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		\$		

SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

[illegible]

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
WIRING, YR:	<input type="text"/>	PLUMBING, YR:	<input type="text"/>			
ROOFING, YR:	<input type="text"/>	HEATING, YR:	<input type="text"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER:	YR:	RESISTIVE	<input type="text"/>			DATE INSTALLED: _____
					MANUFACTURER:	

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names
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INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
LOSS PAYEE					LOCATION:	BUILDING:
MORTGAGEE					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

REMARKS

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FRAUD NOTICES

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

REMARKS



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT				
	FAX (A/C, No):	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
				<input type="checkbox"/> AGENCY		
				<input type="checkbox"/> DIRECT		
CODE:		FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID		SUBCODE:				

TERRITORY OF OPERATION

TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
			0.00%

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?

Y / N

2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?

3. PROPERTY USED UNDERGROUND?

4. ANY WORK DONE AFLOAT?



COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

AGENCY		CARRIER	NAIC CODE:	UNDERWRITER		UNDERWRITER OFF.	
		POLICIES OR PROGRAM REQUESTED				POLICY NUMBER	
		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
PHONE (A/C, No, Ext):		PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
FAX (A/C, No):		GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
E-MAIL ADDRESS:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CODE:		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
SUB CODE:		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			
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)					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):		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE		NO. OF MEMBERS AND MANAGERS				
INSPECTION CONTACT:				ACCOUNTING RECORDS CONTACT:			
PHONE (A/C, No, Ext):				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
			<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?			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? (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 or punishable by a sentence of up to one year of imprisonment).		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?					
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					
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)			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			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)		
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)					
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)					
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													
GENERAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	
	RETRO DATE													
	EFF-EXP DATE													
	LIMITS	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 LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY	EA PERSON												
		EA ACCIDENT												
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
PROPERTY DAMAGE	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING	AMT												
	PERS PROP	AMT												
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
	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 \$	HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS			COMP \$ SPEC C OF L \$ COLL \$
			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	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46		\$
	42 47	BI EACH ACCIDENT \$		43 47		
	43 50	PROPERTY DAMAGE \$		42 46 SCL FT LSP 43 47 F FTW		\$
			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 \$	HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH		
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS				
			COVERAGE IS: PRIMARY SECONDARY			
OTHER			OTHER			
COVERED AUTO SYMBOLS	(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	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BI EACH ACCIDENT		\$	COMPREHENSIVE	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$		
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	PROPERTY DAMAGE		\$		<input type="checkbox"/>	63	<input type="checkbox"/>	68				
	<input type="checkbox"/>	64							<input type="checkbox"/>	64	<input type="checkbox"/>	68				
								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		
									<input type="checkbox"/>	64	<input type="checkbox"/>	68				
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON		\$	TOWING & LABOR	<input type="checkbox"/>	63			\$			
	<input type="checkbox"/>	63	<input type="checkbox"/>	67					<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	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
	<input type="checkbox"/>	NO			\$											
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE	NUMBER OF										
	<input type="checkbox"/>	NO			<input type="checkbox"/> EMPLOYEES											
					<input type="checkbox"/> VOLUNTEERS											
					<input type="checkbox"/> PARTNERS			COVERAGE IS:		<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	SECONDARY			
OTHER								OTHER								
COVERED AUTO SYMBOLS																
(61) ANY AUTO				(64) OWNED COMMERCIAL AUTOS ONLY				(67) SPECIFICALLY DESCRIBED AUTOS				(70) YOUR TRAILERS IN THE POSSESSION OF				
(62) OWNED AUTOS ONLY				(65) OWNED AUTOS SUBJECT TO NO-FAULT				(68) HIRED AUTOS ONLY				ANOTHER TRUCKER UNDER A TRAILER				
(63) OWNED PRIVATE PASS AUTOS ONLY				(66) OWNED AUTOS SUBJECT TO A COMPUL-				(69) TRAILERS IN YOUR POSSESSION UNDER				INTERCHANGE AGREEMENT				
				SORY UNINSURED MOTORIST LAW				A TRAILER INTERCHANGE AGREEMENT				(71) NON-OWNED AUTOS ONLY				

ENDORSEMENTS

<p>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.</p>			
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p>			
<p>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.</p>			
<p>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.</p>			
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$	EA OCC	\$	
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/>	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT				
EXPIRING POL #:						\$		FIRST DOLLAR DEFENSE (Y / N)	

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$	
				BI EA ACC \$	\$	
				BI EA PER \$		
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$	PREM / OPS	
				GENERAL AGGR \$	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				DAMAGE TO RENTED PREMISES \$	OTHER	
				MEDICAL EXPENSE \$	\$	
				EMPLOYERS LIABILITY		
				DISEASE EACH EMPLOYEE \$	\$	
				DISEASE POLICY LIMIT \$		
					\$	
					\$	

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		
6. ARE PASSENGERS CARRIED FOR A FEE?		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		
16. SUBJECT TO:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER: _____	
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____		

AGENCY CUSTOMER ID: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER