



# COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

## APPLICANT INFORMATION SECTION

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

### 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		<input type="checkbox"/> AM				DIRECT BILL					
CANCEL						<input type="checkbox"/> PM				AGENCY BILL		PACKAGE POLICY PREMIUM: \$			

### 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		NO. OF MEMBERS AND MANAGERS		CR BUREAU NAME:		DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> JOINT VENTURE								ID NUMBER:			
INSPECTION CONTACT:						ACCOUNTING RECORDS CONTACT:							
PHONE (A/C, No, Ext):			E-MAIL ADDRESS:			PHONE (A/C, No, Ext):			E-MAIL ADDRESS:				

### PREMISES INFORMATION

ACORD 823 attached for additional premises

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				
			<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)

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**GENERAL INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES			Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)			<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input type="checkbox"/>
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 punishable by a sentence of up to one year of imprisonment).			<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?			<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:			<input type="checkbox"/>
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)			<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			
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.)			
<b>NOTICE OF INSURANCE INFORMATION PRACTICES</b> - 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.			
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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)			
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.			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	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													
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													
	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)	