

PRODUCER PHONE (A/C, No, Ext): () - FAX (A/C, No.): () -	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.	
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER	
CODE:	SUB CODE:	AGENCY CUSTOMER ID	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS
			PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
			GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY	BOILER & MACHINERY
			CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO	BUSINESS AUTO	WORKERS COMPENSATION
				TRUCKERS/MOTOR CARRIER	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	PAYMENT PLAN	AUDIT
<input type="checkbox"/> CHANGE					DIRECT BILL		
<input type="checkbox"/> CANCEL	/ /	: AM	/ /	/ /	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)	
INTERNET ADDRESS:		PHONE (A/C, No, Ext): () -					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LIMITED LIAB CORP	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED / /	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS		ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext): () -		
INSPECTION 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	OWNER TENANT			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
EXPLAIN ALL "YES" RESPONSES						
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?					
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 and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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ACORD™ BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

/ /

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

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			15. HAS AGENT INSPECTED VEHICLES?		
			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				VEHICLE:
<input type="checkbox"/>	LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

REMARKS

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VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$	\$	COLL	\$	\$	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$	\$	COLL	\$	\$	
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