

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY) / /

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

STATUS OF TRANSACTION
PACKAGE POLICY INFORMATION

<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 DATE / / TIME : AM / PM	<input type="checkbox"/> RENEW ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES	PROPOSED EFF DATE / /	PROPOSED EXP DATE / /	BILLING PLAN <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
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APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext): () -	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
INTERNET ADDRESS:		INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	CORPORATION <input type="checkbox"/> JOINT VENTURE	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LIMITED LIAB CORP NO OF MEMBERS AND MANAGERS	CR BUREAU NAME ID NUMBER	DATE 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)

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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?			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? <small>(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)</small>		
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

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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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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 OCCURRENCE																
	INJURY AGGREGATE																
	PROPERTY OCCURRENCE																
	DAMAGE AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON																
	INJURY 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		
/ /			/ /			CLOSED		
/ /			/ /			OPEN		
/ /			/ /			CLOSED		
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)

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 (2001/04)

INS125 (0103)



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

/ /

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

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY			RETAINED LIMIT		
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE	EACH OCCURRENCE			\$		
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	PROPOSED / /						
			CURRENT / /						
EXPIRING POL #:							FIRST DOLLAR DEFENSE		
							YES NO		

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

UNDERLYING INSURANCE

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

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: / /			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			YES NO
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: / /			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: / /			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?			YES, EFF. DATE: / / NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
<input type="checkbox"/> COVERAGE	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/> AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY			
<input type="checkbox"/> ADDITIONAL INTERESTS	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS, E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS. WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

 NO SUCH CLAIMS

ACORD 131 (2004/07)

ATTACH TO ACORD 125 AND ACORD 126

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INS131 (0407).02

AMS

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