



COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY) / /

AGENCY		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
				McLackie Insurance Group	
POLICIES OR PROGRAM REQUESTED				POLICY NUMBER	
PHONE (A/C, No, Ext): () -		<input checked="" type="checkbox"/> INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
FAX (A/C, No): () -		<input type="checkbox"/> PROPERTY		INSTALLATION/BUILDERS RISK	
E-MAIL ADDRESS:		<input type="checkbox"/> GLASS AND SIGN		GARAGE AND DEALERS	
CODE: SUB CODE:		<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		VEHICLE SCHEDULE	
AGENCY CUSTOMER ID:		<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		BOILER & MACHINERY	
		<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		WORKERS COMPENSATION	
		<input type="checkbox"/>		UMBRELLA	
		<input type="checkbox"/>		TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION			
<input checked="" 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
CHANGE	DATE	TIME			DIRECT BILL	AUDIT
CANCEL	/ /	: AM	/ /	/ /	<input checked="" type="checkbox"/> AGENCY BILL	
		PM				

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (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	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	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	PART OCCUPIED
					<input type="checkbox"/> INSIDE	OWNER				
					<input type="checkbox"/> OUTSIDE	TENANT				
					<input type="checkbox"/> INSIDE	OWNER				
					<input type="checkbox"/> OUTSIDE	TENANT				

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

GENERAL INFORMATION			
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?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST.
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 (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

McLackie Insurance Group, P O Box 770; Naples, Texas 75568

Phone 903-897-9090 Fax 903-897-0062 mclackie@msnr.com

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
		DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PROPERTY 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																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON																
	INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERIS PROP AMT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	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)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
/ /			/ /				OPEN
/ /			/ /				CLOSED
/ /			/ /				CLOSED
/ /			/ /				OPEN

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS	STATE SUPPLEMENTS(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 TO REQUEST THAT WE STOP USING IT FOR ANY PURPOSES OTHER THAN THE PURPOSES FOR WHICH WE COLLECTED IT. YOU MAY ALSO CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP		
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DED	DAYS	\$ STUDENTS	<input type="checkbox"/> POWER	<input type="checkbox"/> % COIN		
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/INC	<input type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC		
<input type="checkbox"/> MINING	180 DAYS	DAYS	LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC		
<input type="checkbox"/> % COINS	\$	ORD OR LAW	MAX PERIOD			<input type="checkbox"/> MFG LOC		
		DAYS				<input type="checkbox"/> LDR LOC (DESCR BELOW)		

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE	DAYS PERIOD REST
						LIMIT LOSS PAY	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	HEATING BOILER ON PREMISES?	YES	<input checked="" type="checkbox"/>	NO		
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?	YES	<input checked="" type="checkbox"/>	NO		
<input type="checkbox"/> OTHER:	RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN			CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG					

ADDITIONAL INTERESTS

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

REMARKS

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COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) / /

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

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$	PREMISES/OPERATIONS PRODUCTS OTHER TOTAL
DEDUCTIBLES PROPERTY DAMAGE \$ PER CLAIM BODILY INJURY \$ PER OCCURRENCE		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)		

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)		EMPLOYEE BENEFITS LIABILITY	
1. PROPOSED RETROACTIVE DATE: / /		1. DEDUCTIBLE PER CLAIM: \$	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: / /		2. NUMBER OF EMPLOYEES:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		4. RETROACTIVE DATE: / /	

REMARKS	REMARKS

