



# 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): ( ) -		PROPERTY		INSTALLATION/BUILDERS RISK	
E-MAIL ADDRESS:		GLASS AND SIGN		ELECTRONIC DATA PROC	
CODE: SUB CODE:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	
AGENCY CUSTOMER ID:		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	
				GARAGE AND DEALERS	
				VEHICLE SCHEDULE	
				BOILER & MACHINERY	
				WORKERS COMPENSATION	
				UMBRELLA	

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		AUDIT		
CHANGE	DATE	TIME	AM			DIRECT BILL				
CANCEL	/ /	:	PM	/ /	/ /	<input checked="" type="checkbox"/>	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)		
		PHONE (A/C, No, Ext): ( ) -			
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):			
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC
		<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	NO OF MEMBERS AND MANAGERS
		<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER
		<input type="checkbox"/>	DATE BUS STARTED	/ /	
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	<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?		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
	/ /		

**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 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		
						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, 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

# ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY) / /

AGENCY	PHONE NO. Exp: ( ) - ( ) - ( ) FAC. No: ( ) - ( ) - ( )	APPLICANT (First Name) (Insured)	EFFECTIVE DATE / /	EXPIRATION DATE / /	DIRECT BILL	PAYMENT PLAN	AUDIT
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY			AGENCY BILL		
CODE:	SUB CODE:						

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

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

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
				1	0	1964	1,500
BUILDING IMPROVEMENTS	WIRING, YR:	PLUMBING, YR:	ROOFING, YR:	HEATING, YR:	HEATING BOILER ON PREMISES?	IF YES, IS INSURANCE PLACED ELSEWHERE?	REAR EXPOSURE & DISTANCE

BUNGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION
BUNGLAR ALARM INSTALLED AND SERVED BY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	# GUARDSMATCHMEN		CLOCK HOURLY
					CENTRAL STATION
					LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				
LOSS PAYEE				
MORT. GAGEE				
ITEM DESCRIPTION:				

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	SUBJECT OF INSURANCE	PREMISES/ BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

**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 <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		POWER/HEAT \$ DED ELEC MEDIA DAYS ORD OR LAW DAYS	EXT PERIOD DAYS MO PERIOD LIMIT MAX PERIOD	TUITION FEES \$ STUDENTS \$ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP % COIN CONT LOC REC LOC MFG LOC 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
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BUILDING IMPROVEMENTS WIRING, YR: _____ PLUMBING, YR: _____ ROOFING, YR: _____ HEATING, YR: _____ OTHER: _____	BLDG CODE GRADE _____ TAX CODE _____ ROOF TYPE _____	OTHER OCCUPANCIES _____
WIND CLASS RESISTIVE _____ SEMI-RESISTIVE _____ OTHER _____	HEATING BOILER ON PREMISES? YES <input checked="" type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input checked="" type="checkbox"/> NO	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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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
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	ITEM DESCRIPTION:	-		LOCATION: _____ BUILDING: _____
SCHEDULED ITEM NUMBER: _____				
OTHER: _____				

**REMARKS**

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# COMMERCIAL GENERAL LIABILITY 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:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:							

**COVERAGES****LIMITS**

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

<b>CLAIMS MADE (Explain all "Yes" responses)</b>		<b>EMPLOYEE BENEFITS LIABILITY</b>	
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	

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**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					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
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)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							

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ACORD 126 (2004/03)

ATTACH TO APPLICANT INFORMATION SECTION