

**ACORD** **COMMERCIAL INSURANCE APPLICATION** DATE (MM/DD/YY)  
**APPLICANT INFORMATION SECTION**

<b>PRODUCER</b> <input type="checkbox"/> <b>PHONE (A/C, No, Ext):</b>  <b>CODE:</b> <input type="checkbox"/> <b>SUB CODE:</b> <input type="checkbox"/> <b>AGENCY CUSTOMER ID</b>	<b>CARRIER</b> <input type="checkbox"/> <b>NAIC CODE:</b> <input type="checkbox"/>  <b>POLICIES OR PROGRAM REQUESTED</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>INDICATE SECTIONS ATTACHED</b></td> <td style="width: 30%;"><input type="checkbox"/> <b>EQUIPMENT FLOATER</b></td> <td style="width: 40%;"><input type="checkbox"/> <b>GARAGE AND DEALERS</b></td> </tr> <tr> <td><input type="checkbox"/> <b>PROPERTY</b></td> <td><input type="checkbox"/> <b>INSTALLATION/BUILDERS RISK</b></td> <td><input type="checkbox"/> <b>VEHICLE SCHEDULE</b></td> </tr> <tr> <td><input type="checkbox"/> <b>GLASS AND SIGN</b></td> <td><input type="checkbox"/> <b>ELECTRONIC DATA PROC</b></td> <td><input type="checkbox"/> <b>BOILER &amp; MACHINERY</b></td> </tr> <tr> <td><input type="checkbox"/> <b>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</b></td> <td><input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b></td> <td><input type="checkbox"/> <b>WORKERS COMPENSATION</b></td> </tr> <tr> <td><input type="checkbox"/> <b>CRIME/MISCELLANEOUS CRIME</b></td> <td><input type="checkbox"/> <b>BUSINESS AUTO</b></td> <td><input type="checkbox"/> <b>UMBRELLA</b></td> </tr> <tr> <td><input type="checkbox"/> <b>TRANSPORTATION/ MOTOR TRUCK CARGO</b></td> <td><input type="checkbox"/> <b>TRUCKERS/MOTOR CARRIER</b></td> <td></td> </tr> </table>	<b>INDICATE SECTIONS ATTACHED</b>	<input type="checkbox"/> <b>EQUIPMENT FLOATER</b>	<input type="checkbox"/> <b>GARAGE AND DEALERS</b>	<input type="checkbox"/> <b>PROPERTY</b>	<input type="checkbox"/> <b>INSTALLATION/BUILDERS RISK</b>	<input type="checkbox"/> <b>VEHICLE SCHEDULE</b>	<input type="checkbox"/> <b>GLASS AND SIGN</b>	<input type="checkbox"/> <b>ELECTRONIC DATA PROC</b>	<input type="checkbox"/> <b>BOILER &amp; MACHINERY</b>	<input type="checkbox"/> <b>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</b>	<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input type="checkbox"/> <b>WORKERS COMPENSATION</b>	<input type="checkbox"/> <b>CRIME/MISCELLANEOUS CRIME</b>	<input type="checkbox"/> <b>BUSINESS AUTO</b>	<input type="checkbox"/> <b>UMBRELLA</b>	<input type="checkbox"/> <b>TRANSPORTATION/ MOTOR TRUCK CARGO</b>	<input type="checkbox"/> <b>TRUCKERS/MOTOR CARRIER</b>		<b>UNDERWRITER</b>  
<b>INDICATE SECTIONS ATTACHED</b>	<input type="checkbox"/> <b>EQUIPMENT FLOATER</b>	<input type="checkbox"/> <b>GARAGE AND DEALERS</b>																		
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<b>STATUS OF SUBMISSION</b>	<b>PACKAGE POLICY INFORMATION</b>															
<input type="checkbox"/> <b>QUOTE</b> <input type="checkbox"/> <b>ISSUE POLICY</b> <input type="checkbox"/> <b>BOUND (Give Date and/or Attach Copy):</b> <b>DATE</b> <input type="checkbox"/> <b>TIME</b> <input type="checkbox"/> <b>AM</b> <input type="checkbox"/> <b>PM</b>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>PROPOSED EFF DATE</b></td> <td style="width: 20%;"><b>PROPOSED EXP DATE</b></td> <td style="width: 20%;"><b>BILLING PLAN</b></td> <td style="width: 20%;"><b>PAYMENT PLAN</b></td> <td style="width: 20%;"><b>AUDIT</b></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <b>DIRECT BILL</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <b>AGENCY BILL</b></td> <td></td> <td></td> </tr> </table>	<b>PROPOSED EFF DATE</b>	<b>PROPOSED EXP DATE</b>	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>	<b>AUDIT</b>			<input type="checkbox"/> <b>DIRECT BILL</b>					<input type="checkbox"/> <b>AGENCY BILL</b>		
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<b>APPLICANT INFORMATION</b>				
<b>NAME (First Named Insured &amp; Other Named Insureds)</b>	<b>FEIN OR SOC SEC # (of First Named Insured):</b>	<b>MAILING ADDRESS INCL ZIP+4 (of First Named Insured)</b>		
<input type="checkbox"/> <b>INDIVIDUAL</b>	<input type="checkbox"/> <b>CORPORATION</b>	<input type="checkbox"/> <b>SUBCHAPTER "S" CORPORATION LIMITED CORPORATION</b>	<input type="checkbox"/> <b>NOT FOR PROFIT ORG</b>	<input type="checkbox"/> <b>CR BUREAU NAME</b> <input type="checkbox"/> <b>ID NUMBER</b> <input type="checkbox"/> <b>YEAR BUS STARTED</b>
<input type="checkbox"/> <b>PARTNERSHIP</b>	<input type="checkbox"/> <b>JOINT VENTURE</b>			
<b>INSPECTION CONTACT</b> <input type="checkbox"/> <b>PHONE (A/C, No, Ext):</b>		<b>ACCOUNTING RECORDS CONTACT</b> <input type="checkbox"/> <b>PHONE (A/C, No, Ext):</b>		

<b>PREMISES INFORMATION</b>						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/> <b>INSIDE</b>	<input type="checkbox"/> <b>OWNER</b>		
			<input type="checkbox"/> <b>OUTSIDE</b>	<input type="checkbox"/> <b>TENANT</b>		
			<input type="checkbox"/> <b>INSIDE</b>	<input type="checkbox"/> <b>OWNER</b>		
			<input type="checkbox"/> <b>OUTSIDE</b>	<input type="checkbox"/> <b>TENANT</b>		
			<input type="checkbox"/> <b>INSIDE</b>	<input type="checkbox"/> <b>OWNER</b>		
			<input type="checkbox"/> <b>OUTSIDE</b>	<input type="checkbox"/> <b>TENANT</b>		

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>

<b>GENERAL INFORMATION</b>			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			8. DURING THE LAST TEN YEARS, 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).
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
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			

<b>REMARKS</b>

**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; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)**

<b>APPLICANT'S SIGNATURE</b>	<b>PRODUCER'S SIGNATURE</b>
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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 INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	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												

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 (7/98)**