



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

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

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

QUOTE	ISSUE POLICY	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			DIRECT BILL		
CANCEL		AM PM			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):			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
PARTNERSHIP	JOINT VENTURE		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
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	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? (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													
GENERAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	
	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														
AUTOMOBILITY	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.						

PREMISES INFORMATION						PREMISES #:	BUILDING #:	STREET ADDRESS:						
SUBJECT OF INSURANCE			AMOUNT	COINS %	VALUATION	CAUSES OF LOSS		INFLATION GUARD %	DEDUCTIBLE	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		
☐ NON MFG ☐ MFG ☐ MINING _____ % COINS		☐ EXCL ☐ INCL 90 DAYS 180 DAYS \$ _____		\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS		_____ DAYS MO PERIOD LIMIT MAX PERIOD		\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC		☐ POWER ☐ WATER ☐ COMM (DESCR BELOW)		_____% 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 DISTRICT/CODE NUMBER		PROT CL		# STORIES	# BASMT'S	YR BUILT	TOTAL AREA			
BUILDING IMPROVEMENTS		PLUMBING, YR:		BLDG CODE GRADE		TAX CODE	ROOF TYPE		OTHER OCCUPANCIES					
WIRING, YR:		☐		WIND CLASS		HEATING BOILER ON PREMISES?		YES		NO				
ROOFING, YR:		☐		RESISTIVE		SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		YES NO				
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, CO ₂ /Chemical Systems)						% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG				

RANK:		NAME AND ADDRESS	EVIDENCE		RANK:		NAME AND ADDRESS	EVIDENCE	
INTEREST			☐	CERTIFICATE	INTEREST			☐	CERTIFICATE
☐	LOSS PAYEE		☐	POLICY	☐	LOSS PAYEE		☐	POLICY
☐	MORTGAGEE				☐	MORTGAGEE			

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

REMARKS

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	AUDIT
						AGENCY BILL		
CODE:		SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:								

COVERAGES

LIMITS

COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$	PREMIUMS
	CLAIMS MADE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	PREMISES/OPERATIONS
		OCCURRENCE	PERSONAL & ADVERTISING INJURY	\$	
OWNER'S & CONTRACTOR'S PROTECTIVE			EACH OCCURRENCE	\$	PRODUCTS
			DAMAGE TO RENTED PREMISES (each occurrence)	\$	
DEDUCTIBLES			MEDICAL EXPENSE (Any one person)	\$	OTHER
	PROPERTY DAMAGE	\$	EMPLOYEE BENEFITS	\$	
	BODILY INJURY	\$			TOTAL
		\$			
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)					\$0.00

SCHEDULE OF HAZARDS

[illegible]

RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$
2. NUMBER OF EMPLOYEES:
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
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:	# PART-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)		
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 INSURED?		
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	
ADDITIONAL INSURED LOSS PAYEE MORTGAGEE LIENHOLDER EMPLOYEE AS LESSOR					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					SCHEDULED ITEM NUMBER:	
					OTHER	
					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							
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).							

ACORD 126 (2004/03)**ATTACH TO APPLICANT INFORMATION SECTION**