



COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

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

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

<input 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.				
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/> CHANGE	DATE	TIME			<input type="checkbox"/> DIRECT BILL		<input type="checkbox"/>
<input type="checkbox"/> CANCEL					<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN OR SOC SEC # (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	% 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				

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 ?	<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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).	<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>			

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	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> 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															
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														
	<input type="checkbox"/> BUILDING	AMT													
	<input type="checkbox"/> 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)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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.