



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY CONTACT NAME: PHONE (A/C, No., Ext): FAX (A/C, No.): E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:	CARRIER UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> INDICATE SECTIONS ATTACHED <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE </td> <td style="width: 33%;"> <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> OPEN CARGO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO </td> <td style="width: 33%;"> <input type="checkbox"/> TRUCKERS/MOTOR CARRIER <input type="checkbox"/> UMBRELLA <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> YACHT </td> </tr> </table>	INDICATE SECTIONS ATTACHED <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> OPEN CARGO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER <input type="checkbox"/> UMBRELLA <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> YACHT
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STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION															
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM <input type="checkbox"/> CANCEL	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: 25%;">PROPOSED EFF DATE</td> <td style="width: 25%;">PROPOSED EXP DATE</td> <td style="width: 25%;">BILLING PLAN</td> <td style="width: 25%;">PAYMENT PLAN</td> <td style="width: 20%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td>PACKAGE POLICY PREMIUM: \$</td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			DIRECT BILL					AGENCY BILL	PACKAGE POLICY PREMIUM: \$	
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		DIRECT BILL														
		AGENCY BILL	PACKAGE POLICY PREMIUM: \$													

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 NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	LLC NO OF MEMBERS AND MANAGERS CR BUREAU NAME: DATE BUS STARTED ID NUMBER:
INSPECTION CONTACT:	ACCOUNTING RECORDS CONTACT:
PHONE (A/C, No., Ext): E-MAIL ADDRESS:	PHONE (A/C, No., Ext): E-MAIL ADDRESS:

PREMISES INFORMATION	ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<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? <small>(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.)</small>	<input type="checkbox"/>	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
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.)		
<p>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.</p> <p>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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p> <p>IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE		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												
	BOODLY 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												
	BOODLY 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/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)
