COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	UNDERWRITER:	UNDERWRITER OFFICE:
	POLICIES OR PROGRAM REQUESTED	POLICY NUMBER

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUB CODE:
AGENCY CUSTOMER ID:

INDICATE SECTIONS ATTACHED

	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		ELECTRONIC DATA PROC		TRUCKERS/MOTOR CARRIER
	BOILER & MACHINERY		EQUIPMENT FLOATER		UMBRELLA
	BUSINESS AUTO		GARAGE AND DEALERS		VEHICLE SCHEDULE
	COMMERCIAL GENERAL LIABILITY		GLASS AND SIGN		WORKERS COMPENSATION
	CRIME/MISCELLANEOUS CRIME		INSTALLATION/BUILDERS RISK		YACHT
	DEALERS		OPEN CARGO		
	DRIVER INFO SCHEDULE		PROPERTY		
			TRANSPORTATION/ MOTOR TRUCK CARGO		

STATUS OF TRANSACTION

	QUOTE		ISSUE POLICY		RENEW
	BOUND (Give Date and/or Attach Copy):				
	CHANGE	DATE	TIME		AM
	CANCEL				PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE		BILLING PLAN	PAYMENT PLAN	AUDIT
			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):

	INDIVIDUAL		CORPORATION		SUBCHAPTER "S" CORPORATION		LLC	NO. OF MEMBERS AND MANAGERS _____	CR BUREAU NAME:
	PARTNERSHIP		JOINT VENTURE		NOT FOR PROFIT ORG				ID NUMBER:

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

ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE / OUTSIDE	OWNER / TENANT				
			INSIDE / OUTSIDE	OWNER / TENANT				
			INSIDE / OUTSIDE	OWNER / TENANT				
			INSIDE / OUTSIDE	OWNER / TENANT				

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

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GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	☐
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	☐
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	☐
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	☐
4. ANY CATASTROPHE EXPOSURE?	☐
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	☐
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	☐
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	☐
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).	☐
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	☐
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	☐
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	☐
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)	☐

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.)

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.

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)

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.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

LINE	CATEGORY					
COMMERCIAL GENERAL LIABILITY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE
	RETRO DATE					
	EFF-EXP DATE					
	LIMITS: GENERAL AGGREGATE					
	LIMITS: PRODUCTS COMP OP AGGREGATE					
	LIMITS: PERSONAL & ADV INJ					
	LIMITS: EACH OCCURRENCE					
	LIMITS: FIRE DAMAGE					
	LIMITS: MEDICAL EXPENSE					
	LIMITS: BODILY INJURY OCCURRENCE					
	LIMITS: BODILY INJURY AGGREGATE					
	LIMITS: PROPERTY DAMAGE OCCURRENCE					
	LIMITS: PROPERTY DAMAGE AGGREGATE					
	LIMITS: COMBINED SINGLE LIMIT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					
AUTOMOBILE LIABILITY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	EFF-EXP DATE					
	COMBINED SINGLE LIMIT					
	BODILY INJURY EA PERSON					
	BODILY INJURY 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	CLAIM STATUS CLSD

REMARKS **NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY**

ATTACHMENTS

- ☐ STATE SUPPLEMENT(S) (If applicable)
- ☐