



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY				APPLICANT (First Named Insured)			
POLICY NUMBER				CARRIER		NAIC CODE	
EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT	FOR COMPANY USE ONLY		

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$	EA OCC	\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT			
EXPIRING POL #:				\$	FIRST DOLLAR DEFENSE (Y/N)		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+/- RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$	\$	
				BI EA. ACC.	\$	\$	
				BI EA. PER.	\$	\$	
				PD EA. ACC.	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM/OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
					\$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
					\$		

ATTACH TO ACORD 125 AND ACORD 126

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y/N) <input type="checkbox"/>			
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y/N) <input type="checkbox"/> EFF. DATE: _____			

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/> COVERAGE	<input type="checkbox"/> GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL INTERESTS	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	<input type="checkbox"/> REAL						
	<input type="checkbox"/> PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
ADVERTISERS LIABILITY	
1. MEDIA USED: ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	<input type="checkbox"/>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	<input type="checkbox"/>
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?	<input type="checkbox"/>
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	<input type="checkbox"/>
6. ARE PASSENGERS CARRIED FOR A FEE?	<input type="checkbox"/>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	<input type="checkbox"/>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	<input type="checkbox"/>
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?	<input type="checkbox"/>
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	<input type="checkbox"/>
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach additional sheets if more space is required)	
12. DESCRIBE AGREEMENT (Attach additional sheets if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	<input type="checkbox"/>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	<input type="checkbox"/>
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	<input type="checkbox"/>
16. SUBJECT TO:	
<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	<input type="checkbox"/>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	<input type="checkbox"/>
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y/N					
POLLUTION LIABILITY															
EPA #:															
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?										<input type="checkbox"/>					
21. INDICATE THE COVERAGES CARRIED:															
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION			<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT												
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY			<input type="checkbox"/> SEPARATE POLLUTION COVERAGE												
PRODUCT LIABILITY															
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?										<input type="checkbox"/>					
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)										<input type="checkbox"/>					
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)										<input type="checkbox"/>					
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____															
PROTECTIVE LIABILITY															
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach additional sheets if more space is required)															
WATERCRAFT LIABILITY															
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?										<input type="checkbox"/>					
# OWNED		LENGTH		HORSEPOWER		# OWNED		LENGTH		HORSEPOWER					
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS															
# STORIES		# UNITS		# SWIMMING POOLS		# DIVING BOARDS		# STORIES		# UNITS		# SWIMMING POOLS		# DIVING BOARDS	

REMARKS (Attach additional sheets if more space is required)

REMARKS

AGENCY CUSTOMER ID: _____

Large empty rectangular box for entering remarks.

SIGNATURE

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN GEORGIA, LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

UM COVERAGE: IS AVAILABLE IS NOT AVAILABLE UIM COVERAGE: IS AVAILABLE IS NOT AVAILABLE

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE

DATE



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: UNDERWRITER OFFICE: POLICIES OR PROGRAM REQUESTED POLICY NUMBER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INDICATE SECTIONS ATTACHED</td> <td style="width: 30%;"><input type="checkbox"/> ELECTRONIC DATA PROC</td> <td style="width: 40%;"><input type="checkbox"/> TRUCKERS/MOTOR CARRIER</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/> EQUIPMENT FLOATER</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> BOILER & MACHINERY</td> <td><input type="checkbox"/> GARAGE AND DEALERS</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> YACHT</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/> OPEN CARGO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DEALERS</td> <td><input type="checkbox"/> PROPERTY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> YACHT	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> OPEN CARGO		<input type="checkbox"/> DEALERS	<input type="checkbox"/> PROPERTY		<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	
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<input type="checkbox"/> DEALERS	<input type="checkbox"/> PROPERTY																								
<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO																								

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): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM	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> <th style="width: 15%;">PROPOSED EFF DATE</th> <th style="width: 15%;">PROPOSED EXP DATE</th> <th style="width: 15%;">BILLING PLAN</th> <th style="width: 25%;">PAYMENT PLAN</th> <th style="width: 30%;">AUDIT</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> AGENCY BILL</td> <td>PACKAGE POLICY PREMIUM: \$</td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			<input type="checkbox"/> DIRECT BILL					<input type="checkbox"/> AGENCY BILL	PACKAGE POLICY PREMIUM: \$	
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT												
		<input type="checkbox"/> DIRECT BILL														
		<input type="checkbox"/> 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"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	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
			<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	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? (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"/>
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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<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

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 OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON 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)

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)