

ACORD™ COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION						DATE	
PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext):		CARRIER <input type="checkbox"/> NAIC CODE:		UNDERWRITER			
		POLICIES OR PROGRAM REQUESTED					
		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
		PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
		GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY		BOILER & MACHINERY WORKERS COMPENSATION	
CODE:		SUB CODE:		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
AGENCY CUSTOMER ID		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER		UMBRELLA	

STATUS OF SUBMISSION				PACKAGE POLICY INFORMATION			
QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> BOUND (Give Date and/or Attach Copy):		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.					
DATE		TIME		PROPOSED EFF DATE		PROPOSED EXP DATE	
AM		PM		BILLING PLAN		PAYMENT PLAN	
AUDIT		DIRECT BILL		AGENCY BILL		PAYMENT PLAN	

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Ins): PHONE (A/C, No, Ext):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> CR BUREAU NAME <input type="checkbox"/> ID NUMBER <input type="checkbox"/> YEAR BUS STARTED <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/>		INSPECTION CONTACT <input type="checkbox"/> PHONE (A/C, No, Ext):	
ACCOUNTING RECORDS CONTACT <input type="checkbox"/> PHONE (A/C, No, Ext):		INSPECTION CONTACT <input type="checkbox"/> PHONE (A/C, No, Ext):		ACCOUNTING RECORDS CONTACT <input type="checkbox"/> PHONE (A/C, No, Ext):	

PREMISES INFORMATION							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART 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			
			<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)
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GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			8. DURING THE LAST TEN YEARS, 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).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
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	
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; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)	
APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE

PRIOR CARRIER INFORMATION

GENERAL LIABILITY	LINE	CATEGORY																
		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															
		PROPERTY DAMAGE	OCCURRENCE															
		COMBINED SINGLE LIMIT																
AUTOMOBILE		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													

NOTICE OF INSURANCE INFORMATION PRACTICES
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORDTM PROPERTY SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
				AGENCY BILL		
CODE:		FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:						
SUB CODE:						

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	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DED	DAYS	\$ STUDENTS	<input type="checkbox"/> POWER	% COIN	
<input type="checkbox"/> MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/INC	<input type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC	
<input type="checkbox"/> MINING	<input type="checkbox"/> 180 DAYS	DAYS \$ LIMIT			<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC	
% COINS	\$	ORD OR LAW	MAX PERIOD			<input type="checkbox"/> MFG LOC	
		DAYS				<input type="checkbox"/> 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 MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		YES	NO
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO
<input type="checkbox"/> OTHER:							
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	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE	INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

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

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 <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS <input type="checkbox"/> \$ _____		POWER/HEAT \$ _____ DED	EXT PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN
	ELEC MEDIA _____ DAYS		MO PERIOD \$ _____ LIMIT	CONT LOC <input type="checkbox"/>			
	ORD OR LAW _____ DAYS		MAX PERIOD _____ DAYS	REC LOC <input type="checkbox"/>			
				MFG LOC <input type="checkbox"/>			
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 <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER:		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
		IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> 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		

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE	INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

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

REMARKS



NOTICE – OFFER of TERRORISM COVERAGE
NOTICE – DISCLOSURE of PREMIUM

The Terrorism Insurance Act of 2002 and the Terrorism Risk Insurance Program Reauthorization Act of 2007 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from terrorist attacks. The Act and the Reauthorization Act apply when the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States certify that an event meets the definition of an Act of Terrorism, as defined in Section 102(1) of the Act, as amended. The term “act of terrorism” is defined to be a violent act or an act that is dangerous to human life, property, or infrastructure, to have resulted in damage within the United States and to have been committed by an individual or individuals, to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government.

DISCLOSURE of FEDERAL PARTICIPATION in PAYMENT of TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing coverage. **Further, the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits the United States Government reimbursement, as well as the insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion.**

Your decision is needed on this question: “Do you choose to pay the premium for Terrorism Coverage stated in this offer of coverage, or do you reject this offer of coverage and not pay premium?” You may accept or reject this offer. (See the box below)

SELECTION or REJECTION of TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby elect to purchase Terrorism Coverage for a prospective premium of \$ 500.00.
<input type="checkbox"/>	I hereby reject the offer of Terrorism Coverage. I understand that an exclusion of certain terrorism losses will be made part of this Policy.

Policyholder/Applicant’s Signature

Policy Number

Print Name: _____

Date: _____