# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

| DATE (MM/DD/YYYY) |
|---|
| |

| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| | COMPANY POLICY OR PROGRAM NAME | PROGRAM CODE |
| | POLICY NUMBER | |
| CONTACT NAME: | UNDERWRITER | UNDERWRITER OFFICE |
| PHONE (A/C, No, Ext): | | |
| FAX (A/C, No): | STATUS OF TRANSACTION | ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW |
| E-MAIL ADDRESS: | | ☐ BOUND (Give Date and/or Attach Copy): |
| CODE: SUBCODE: | | ☐ CHANGE DATE TIME ☐ AM |
| AGENCY CUSTOMER ID: | | ☐ CANCEL ☐ PM |

## SECTIONS ATTACHED

| INDICATE SECTIONS ATTACHED | PREMIUM | | PREMIUM | | PREMIUM |
|---|---|---|---|---|---|
| ☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS | $ | ☐ ELECTRONIC DATA PROC | $ | ☐ TRANSPORTATION / MOTOR TRUCK CARGO | $ |
| ☐ BOILER & MACHINERY | $ | ☐ EQUIPMENT FLOATER | $ | ☐ TRUCKERS / MOTOR CARRIER | $ |
| ☐ BUSINESS AUTO | $ | ☐ GARAGE AND DEALERS | $ | ☐ UMBRELLA | $ |
| ☐ BUSINESS OWNERS | $ | ☐ GLASS AND SIGN | $ | ☐ YACHT | $ |
| ☐ COMMERCIAL GENERAL LIABILITY | $ | ☐ INSTALLATION / BUILDERS RISK | $ | ☐ | $ |
| ☐ CRIME / MISCELLANEOUS CRIME | $ | ☐ OPEN CARGO | $ | ☐ | $ |
| ☐ DEALERS | $ | ☐ PROPERTY | $ | ☐ | $ |

## ATTACHMENTS

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ADDITIONAL INTEREST | ☐ | PREMIUM PAYMENT SUPPLEMENT | ☐ | |
| ☐ | ADDITIONAL PREMISES | ☐ | PROFESSIONAL LIABILITY SUPPLEMENT | ☐ | |
| ☐ | APARTMENT BUILDING SUPPLEMENT | ☐ | RESTAURANT / TAVERN SUPPLEMENT | ☐ | |
| ☐ | CONDO ASSN BYLAWS (for D&O Coverage only) | ☐ | STATEMENT / SCHEDULE OF VALUES | ☐ | |
| ☐ | CONTRACTORS SUPPLEMENT | ☐ | STATE SUPPLEMENT (If applicable) | ☐ | |
| ☐ | COVERAGES SCHEDULE | ☐ | VACANT BUILDING SUPPLEMENT | ☐ | |
| ☐ | DRIVER INFORMATION SCHEDULE | ☐ | VEHICLE SCHEDULE | ☐ | |
| ☐ | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | ☐ | | ☐ | |
| ☐ | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | ☐ | | ☐ | |
| ☐ | LOSS SUMMARY | ☐ | | ☐ | |

## POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|---|---|---|---|---|---|---|---|---|
| | | ☐ DIRECT ☐ AGENCY | | | | $ | $ | $ |

## APPLICANT INFORMATION

| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ CORPORATION | ☐ JOINT VENTURE | ☐ NOT FOR PROFIT ORG | ☐ SUBCHAPTER "S" CORPORATION | ☐ |
| ☐ INDIVIDUAL | ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ PARTNERSHIP | ☐ TRUST | |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ CORPORATION | ☐ JOINT VENTURE | ☐ NOT FOR PROFIT ORG | ☐ SUBCHAPTER "S" CORPORATION | ☐ |
| ☐ INDIVIDUAL | ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ PARTNERSHIP | ☐ TRUST | |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ CORPORATION | ☐ JOINT VENTURE | ☐ NOT FOR PROFIT ORG | ☐ SUBCHAPTER "S" CORPORATION | ☐ |
| ☐ INDIVIDUAL | ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ PARTNERSHIP | ☐ TRUST | |


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AGENCY CUSTOMER ID: _____

## CONTACT INFORMATION

| | |
|---|---|
| CONTACT TYPE: | CONTACT TYPE: |
| CONTACT NAME: | CONTACT NAME: |
| PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL |
| PRIMARY E-MAIL ADDRESS: | PRIMARY E-MAIL ADDRESS: |
| SECONDARY E-MAIL ADDRESS: | SECONDARY E-MAIL ADDRESS: |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
|---|---|---|---|---|---|---|---|
| | | | ☐ INSIDE | ☐ OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: | STATE: | ☐ OUTSIDE | ☐ TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| | | | ☐ INSIDE | ☐ OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: | STATE: | ☐ OUTSIDE | ☐ TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| | | | ☐ INSIDE | ☐ OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: | STATE: | ☐ OUTSIDE | ☐ TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| | | | ☐ INSIDE | ☐ OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: | STATE: | ☐ OUTSIDE | ☐ TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |

## NATURE OF BUSINESS

| | | | | | | | | | | | | DATE BUSINESS STARTED (MM/DD/YYYY) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | APARTMENTS | ☐ | CONTRACTOR | ☐ | MANUFACTURING | ☐ | RESTAURANT | ☐ | SERVICE | ☐ | | |
| ☐ | CONDOMINIUMS | ☐ | INSTITUTIONAL | ☐ | OFFICE | ☐ | RETAIL | ☐ | WHOLESALE | | | |

DESCRIPTION OF PRIMARY OPERATIONS

| | INSTALLATION, SERVICE OR REPAIR WORK | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK |
|---|---|---|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | % | % |

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

| INTEREST | | NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL | INTEREST IN ITEM NUMBER | |
|---|---|---|---|---|
| ☐ ADDITIONAL INSURED | ☐ LOSS PAYEE | | LOCATION: | BUILDING: |
| ☐ BREACH OF WARRANTY | ☐ MORTGAGEE | | VEHICLE: | BOAT: |
| ☐ CO-OWNER | ☐ OWNER | | AIRPORT: | AIRCRAFT: |
| ☐ EMPLOYEE AS LESSOR | ☐ REGISTRANT | | ITEM CLASS: | ITEM: |
| ☐ LEASEBACK OWNER | ☐ TRUSTEE | | ITEM DESCRIPTION | |
| ☐ LIENHOLDER | | REFERENCE / LOAN #: / INTEREST END DATE: | | |
| | | LIEN AMOUNT: / PHONE (A/C, No, Ext): | FAX (A/C, No): | |
| REASON FOR INTEREST: | | E-MAIL ADDRESS: | | |

AGENCY CUSTOMER ID: _____

## GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|---|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | |

| PARENT COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED |
|---|---|---|
| | | |

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

| SUBSIDIARY COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED |
|---|---|---|
| | | |

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL ☐ MONTHLY MEETINGS ☐
☐ SAFETY POSITION ☐ OSHA

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER |
|---|---|---|---|
| | | | |
| | | | |

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)**

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

7. 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).

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

| OCCURRENCE DATE | EXPLANATION | RESOLUTION | RESOLUTION DATE |
|---|---|---|---|
| | | | |
| | | | |

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

| OCCURRENCE DATE | EXPLANATION | RESOLUTION | RESOLUTION DATE |
|---|---|---|---|
| | | | |
| | | | |

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

| OCCURRENCE DATE | EXPLANATION | RESOLUTION | RESOLUTION DATE |
|---|---|---|---|
| | | | |
| | | | |

11. HAS BUSINESS BEEN PLACED IN A TRUST?

| 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)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

**REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

AGENCY CUSTOMER ID: _____

## PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

## LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|---|---|---|---|---|---|---|---|
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## SIGNATURE

☐ 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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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 |