



**CONTACT INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> 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:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				
	ZIP:				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED**

**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	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:		
				LIEN AMOUNT:		PHONE (A/C, No, Ext):		
						FAX (A/C, No):		
						E-MAIL ADDRESS:		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> 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?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
<input type="text" value="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)**

**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	SUBROGATION Y / N	CLAIM OPEN Y / N

**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



AGENCY CUSTOMER ID: \_\_\_\_\_

# PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY NAME		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

<b>PREMISES INFORMATION</b>		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	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:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)					
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)					
<input type="checkbox"/> OTHER: YR:									
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS						
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG						

**ADDITIONAL INTEREST**      **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>					ITEM DESCRIPTION	
<input type="checkbox"/>						
REFERENCE / LOAN #:						

**REMARKS**

**ADDITIONAL PREMISES INFORMATION**

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$		

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	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:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> OTHER, YR:	WIND CLASS	SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> RESISTIVE	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)							
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS						
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG						

**ADDITIONAL INTEREST**      **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>					ITEM DESCRIPTION	
<input type="checkbox"/>						
REFERENCE / LOAN #:						

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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.

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AGENCY CUSTOMER ID: \_\_\_\_\_

# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

**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 \$		
					\$	
					\$	

**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"/> <b>COVERAGE</b>	<b>EXPOSURE</b>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL INTERESTS	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
	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 ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

NO SUCH CLAIMS

**CARE, CUSTODY, CONTROL**

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	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	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
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
<b>ADVERTISERS LIABILITY</b>	
1. MEDIA USED: ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
<b>AIRCRAFT LIABILITY</b>	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
<b>AUTO LIABILITY</b>	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6. ARE PASSENGERS CARRIED FOR A FEE?	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
<b>CONTRACTORS LIABILITY</b>	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
<b>EMPLOYERS LIABILITY</b>	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
<b>INCIDENTAL MALPRACTICE LIABILITY</b>	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
19. INDICATE # OF DOCTORS:                  NURSES:                  BEDS:	



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

**SIGNATURE**

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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 LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**

**APPLICABLE ONLY IN 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.  (INITIALS)      OR      2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (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.  (INITIALS)      OR      2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (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:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

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

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS)      OR      4. I REJECT UIM COVERAGE IN ITS ENTIRETY.  (INITIALS)

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.

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



**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:                      1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or                      2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:40%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:15%;">PLACE (CITY, STATE)</th> <th style="width:5%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	_____  REFERENCE / LOAN #: _____			VEHICLE:	LOCATION:
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	_____  REFERENCE / LOAN #: _____			VEHICLE:	LOCATION:

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

**VEHICLE DESCRIPTION**  **ACORD 129 attached for additional vehicles**

VEH #		YEAR		MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
				MODEL:				V.I.N.:				PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)						CITY				COUNTY			STATE	ZIP	
LIC STATE	TERR		GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW				
													\$				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L				
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT							
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:													
														TOTAL PREM: \$			

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



**CONTRACTORS**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	
7. ANY PARKING FACILITIES OWNED/RENTED?	
8. IS A FEE CHARGED FOR PARKING?	
9. RECREATION FACILITIES PROVIDED?	
10. IS THERE A SWIMMING POOL ON THE PREMISES?	
11. SPORTING OR SOCIAL EVENTS SPONSORED?	
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	

**GENERAL INFORMATION (continued)**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	

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