



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C. No.):				
CODE: AGENCY CUSTOMER ID:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
		INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
SUB CODE:		PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
		TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

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

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (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	<input type="checkbox"/> LIMITED LIAB CORP	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> NO. OF MEMBERS AND MANAGERS					
INSPECTION CONTACT		PHONE (A/C. No. Ext):	ACCOUNTING RECORDS CONTACT		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"/> 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)

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### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), 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).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
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/PROCESSING INSTRUCTIONS

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, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	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 INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	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
						CLOSED
						OPEN
						CLOSED

<b>REMARKS</b>	<b>NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY</b>	<b>ATTACHMENTS</b>
	STATE SUPPLEMENT(S) (If applicable)	

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. 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.

# ACORD <sup>TM</sup> COMMERCIAL GENERAL LIABILITY SECTION

DATE

<b>PRODUCER</b> PHONE (A/C, No, Ext): _____	<b>APPLICANT</b> (First Named Insured)										
<b>CODE:</b> _____ <b>SUB CODE:</b> _____ <b>AGENCY CUSTOMER ID:</b> _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:25%;">PAYMENT PLAN</td> <td style="width:30%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									
FOR COMPANY USE ONLY											

COVERAGES	LIMITS	PREMIUMS																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>COMMERCIAL GENERAL LIABILITY</b></td> </tr> <tr> <td><input type="checkbox"/> CLAIMS MADE</td> <td><input type="checkbox"/> OCCURRENCE</td> </tr> <tr> <td colspan="2"><b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b></td> </tr> </table>	<b>COMMERCIAL GENERAL LIABILITY</b>		<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PERSONAL &amp; ADVERTISING INJURY</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (each occurrence)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MEDICAL EXPENSE (Any one person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>EMPLOYEE BENEFITS</td> <td style="text-align: right;">\$</td> </tr> </table>	GENERAL AGGREGATE	\$	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	PERSONAL & ADVERTISING INJURY	\$	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (each occurrence)	\$	MEDICAL EXPENSE (Any one person)	\$	EMPLOYEE BENEFITS	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PREMISES/OPERATIONS</td> </tr> <tr> <td>PRODUCTS</td> </tr> <tr> <td>OTHER</td> </tr> <tr> <td><b>TOTAL</b></td> </tr> </table>	PREMISES/OPERATIONS	PRODUCTS	OTHER	<b>TOTAL</b>
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BODILY INJURY	\$		PER OCCURRENCE																							
	\$		PER OCCURRENCE																							
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)																										

SCHEDULE OF HAZARDS									
LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

<b>RATING AND PREMIUM BASIS</b> (S) GROSS SALES - PER \$1,000/SALES	(P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT	(C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM	(U) UNIT - PER UNIT (T) OTHER
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CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY
1. PROPOSED RETROACTIVE DATE: _____ 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: _____ 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? YES NO	1. DEDUCTIBLE PER CLAIM: \$ _____ 2. NUMBER OF EMPLOYEES: _____ 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: _____ 4. RETROACTIVE DATE: _____
<b>REMARKS</b> _____	<b>REMARKS</b> _____

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/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

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
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)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
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 DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

# ACORD <sup>TM</sup> PROPERTY SECTION

DATE (MM/DD/YYYY)

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

<b>PREMISES INFORMATION</b>		PREMISES #:	BUILDING #:	STREET ADDRESS:				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

<b>ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE</b>				<b>BUSINESS INCOME W/O EXTRA EXPENSE</b>		<b>EXTRA EXPENSE</b>		
<b>TYPE OF BUSINESS</b>	<b>ORDINARY PAYROLL</b>		<b>POWER/HEAT</b>	<b>EXT PERIOD</b>	<b>TUITION FEES</b>	<b>OFF PREM POWER</b>		<b>DEPEND PROP</b>
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ _____ DED 90 DAYS 180 DAYS \$ _____	_____ DAYS ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	_____ % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	

<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>		EXTRA EXPENSE _____ DAYS PERIOD REST
		LIMIT LOSS PAY _____% _____% _____% _____%

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
<b>BUILDING IMPROVEMENTS</b>			<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>		<b>OTHER OCCUPANCIES</b>		
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> HEATING, YR:	<b>WIND CLASS</b>		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> ROOFING, YR:			<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>RIGHT EXPOSURE &amp; DISTANCE</b>		<b>LEFT EXPOSURE &amp; DISTANCE</b>			<b>REAR EXPOSURE &amp; DISTANCE</b>				
<b>BURGLAR ALARM TYPE</b>			<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	CENTRAL STATION WITH KEYS
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>							<b># GUARDS/WATCHMEN</b>		CLOCK HOURLY
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b>				<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>				CENTRAL STATION
									LOCAL GONG

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

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

**PREMISES INFORMATION**

PREMISES #:	BUILDING #:	STREET ADDRESS:
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<b>ORDINARY PAYROLL</b> <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS \$ _____	<b>POWER/HEAT</b> \$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS	<b>EXT PERIOD</b> _____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b> _____ DAYS	<b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <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 _____% _____% _____% _____%
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
<b>BUILDING IMPROVEMENTS</b> <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____			<b>BLDG CODE GRADE</b> _____	<b>TAX CODE</b> _____	<b>ROOF TYPE</b> _____	<b>OTHER OCCUPANCIES</b> 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				
<b>RIGHT EXPOSURE &amp; DISTANCE</b> _____			<b>LEFT EXPOSURE &amp; DISTANCE</b> _____			<b>REAR EXPOSURE &amp; DISTANCE</b> _____				
<b>BURGLAR ALARM TYPE</b> _____			<b>CERTIFICATE #</b> _____		<b>EXPIRATION DATE</b> _____		<b>EXTENT</b> _____	<b>GRADE</b> _____	CENTRAL STATION WITH KEYS	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b> _____						<b># GUARDS/WATCHMEN</b> _____		CLOCK HOURLY		
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, Chemical Systems)</b> _____				<b>% SPRNK</b> _____	<b>FIRE ALARM MANUFACTURER</b> _____				CENTRAL STATION LOCAL GONG	

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

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				

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 or VT; In DC, LA, ME and VA, insurance benefits may also be denied)

# CID Insurance Programs Inc. DBA CID Insurance Services

## DISTRIBUTORS AND WHOLESALERS PROGRAM GENERAL LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Provide detailed description of the products the applicant distributes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. **Does the product manufacturer(s) have a website?** .....  Yes  No  
 If yes, provide website address(es): \_\_\_\_\_  
 \_\_\_\_\_
  
3. **Does applicant verify manufacturer(s) have products liability coverage?** .....  Yes  No
4. **Is applicant named as an additional insured by the manufacturer(s)?** .....  Yes  No
5. **Who are the applicant's primary customers?** \_\_\_\_\_
6. **What percent of sales is retail?** ..... \_\_\_\_\_ %
7. **What percent of sales are via the internet?**

<b>Retail</b> .....	_____ %
<b>Wholesale</b> .....	_____ %
8. **Does applicant import directly from foreign countries?** .....  Yes  No
9. **Does applicant manufacture or assemble any products?** .....  Yes  No
10. **Is applicant a manufacturer's representative for any products sold or distributed?** .....  Yes  No
11. **Does applicant do any relabeling, repackaging, mixing or blending of products?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
12. **Does applicant perform or subcontract any installation, servicing or repair of any products?** .....  Yes  No
13. **Are any products sold under applicant's label?** .....  Yes  No

- 14. Does applicant sell any used items?** .....  Yes  No  
 If yes, what percent of sales does this represent? ..... %  
 Any refurbishing or repair done prior to resale? .....  Yes  No
- 15. Are any products sold intended for use in the airline or oil/gas industry?** .....  Yes  No
- 16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?** .....  Yes  No
- 17. Does applicant hold a patent for any product?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
- 18. Has applicant designed any products or had products designed by others?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
- 19. Indicate which of the following products applicant distributes or sells:**
- |   |   |
|---|---|
| <input type="checkbox"/> Aircraft or related products             | <input type="checkbox"/> Foreign products                               |
| <input type="checkbox"/> Ammunition/Black powder                  | <input type="checkbox"/> Fuel   |
| <input type="checkbox"/> Anhydrous ammonia                        | <input type="checkbox"/> Fur apparel                                    |
| <input type="checkbox"/> Antiques                                 | <input type="checkbox"/> Industrial valves and fittings                 |
| <input type="checkbox"/> Art                                      | <input type="checkbox"/> Jewelry or gemstones                           |
| <input type="checkbox"/> Blood or plasma                          | <input type="checkbox"/> Liquor sales via internet                      |
| <input type="checkbox"/> Boats                                    | <input type="checkbox"/> Medical equipment                              |
| <input type="checkbox"/> Cell phones or pagers                    | <input type="checkbox"/> Museum artifacts                               |
| <input type="checkbox"/> Chemicals                                | <input type="checkbox"/> Natural, artificial or liquid petroleum or gas |
| <input type="checkbox"/> Collectible/Memorabilia sales            | <input type="checkbox"/> Oriental rugs                                  |
| <input type="checkbox"/> Computer equipment                       | <input type="checkbox"/> Pharmaceutical                                 |
| <input type="checkbox"/> Contractors equipment                    | <input type="checkbox"/> Photography equipment                          |
| <input type="checkbox"/> Electronic/Vapor cigarettes              | <input type="checkbox"/> Recording equipment                            |
| <input type="checkbox"/> Electronic equipment/Components          | <input type="checkbox"/> Sporting goods or Athletic equipment           |
| <input type="checkbox"/> Electronic media (i.e., CDs, DVDs, etc.) | <input type="checkbox"/> Stereo equipment                               |
| <input type="checkbox"/> Explosives                               | <input type="checkbox"/> Telecommunication equipment                    |
| <input type="checkbox"/> Feed, grain or seeds                     | <input type="checkbox"/> Televisions                                    |
| <input type="checkbox"/> Fertilizer                               | <input type="checkbox"/> Tires  |
| <input type="checkbox"/> Firearms                                 | <input type="checkbox"/> Tobacco  |
| <input type="checkbox"/> Fireworks                                | <input type="checkbox"/> Vitamins or health supplements                 |
- 20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**.....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
- 21. Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.



**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.


**FRAUD WARNING (Applicable in Tennessee, Virginia and 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.


**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_  DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_  DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.