



# 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.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
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			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

### 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		AM		DIRECT BILL					
CANCEL				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	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	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
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**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

PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EFFECTIVE DATE</td> <td style="width:20%;">EXPIRATION DATE</td> <td style="width:20%;">DIRECT BILL</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:20%;">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									
CODE: AGENCY CUSTOMER ID:	SUB CODE:  FOR COMPANY USE ONLY										

COVERAGES	LIMITS	PREMIUMS												
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$	PREMISES/OPERATIONS PRODUCTS OTHER TOTAL												
<b>DEDUCTIBLES</b> <table style="width:100%;"> <tr> <td>PROPERTY DAMAGE</td> <td>\$</td> <td></td> <td>PER CLAIM</td> </tr> <tr> <td>BODILY INJURY</td> <td>\$</td> <td></td> <td>PER OCCURRENCE</td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> </tr> </table>	PROPERTY DAMAGE	\$		PER CLAIM	BODILY INJURY	\$		PER OCCURRENCE		\$				
PROPERTY DAMAGE	\$		PER CLAIM											
BODILY INJURY	\$		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

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES    (A) AREA - PER 1,000/SQ FT    (M) ADMISSIONS - PER 1,000/ADM    (T) OTHER  
 (P) PAYROLL - PER \$1,000/PAY    (C) TOTAL COST - PER \$1,000/COST    (U) UNIT - PER UNIT

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY				
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$				
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:				
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:				
<table border="1" style="display: inline-table;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	YES	NO			4. RETROACTIVE DATE:
YES	NO				
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?					
REMARKS	REMARKS				

**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)

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

<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 <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS <input type="checkbox"/> \$ _____	\$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS	_____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b> _____ DAYS	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (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**

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

<b>VALUE REPORTING INFORMATION</b>				
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

**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		
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	90 DAYS	ELEC MEDIA	MO PERIOD	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> WATER			<input type="checkbox"/> CONT LOC
<input type="checkbox"/> MINING	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	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:			HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS		IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<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, <del>CO</del> 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				

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)

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**MOBILE HOME PARKS AND CAMPGROUNDS PROGRAM 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. **Operation:**     Manufactured Home Park     Mobile Home Park     RV Park     Campground
  - a. How long has applicant been in business? \_\_\_\_\_
  - b. What year was the park built?..... \_\_\_\_\_
2. **Number of spaces:**
  - a. Number of permanent spaces:..... \_\_\_\_\_
  - b. What percentage of spaces are rented on a seasonal basis?..... \_\_\_\_\_ %
  - c. Number of tourist (RV and camping) spaces:..... \_\_\_\_\_
3. **Rental Fees:**
  - a. Average monthly lot rental fee, per space, on permanent spaces:..... \$ \_\_\_\_\_
  - b. Average lot fee for temporary RV/campground spaces:
    - Daily:..... \$ \_\_\_\_\_
    - Weekly:..... \$ \_\_\_\_\_
  - c. Average monthly Rental charge on owned Mobile home units rented out: ..... \$ \_\_\_\_\_
  - d. Average monthly Rental charge on owned Dwellings rented out: ..... \$ \_\_\_\_\_
4. **Rental Units:**

Number of units rented or leased to others by applicant:..... \_\_\_\_\_

If any:

  - a. Do rental units have smoke detectors?.....  Yes  No
  - b. Year of construction of the oldest rental unit:..... \_\_\_\_\_
5. **Operating season:** From: \_\_\_\_\_ To: \_\_\_\_\_
6. **Number of acres occupied by manufactured home park, mobile home park, RV park or campground:** \_\_\_\_\_

**7. Indicate number of each of the following:**

Baseball parks		Boat ramps		Playgrounds		Ski lifts/tows	
Basketball courts		Dams*		Racquetball courts		Spas/hot tubs	
Bathing beaches		Diving rafts		Saunas		Tennis courts	
Boat docks/slips		Golf Courses		Shuffleboard courts		Volleyball courts	
Other:				Other:			

\* (If applicable, complete Dam Questionnaire GLS-113)

**8. Other operations:**

**a. Bicycle trails?** .....  Yes  No

If yes: Number of trail miles: .....

Describe in detail: .....

**b. Boats?** .....  Yes  No

If yes: Number: .....

Type: .....

**c. Boat rental?** .....  Yes  No

If yes: Number: .....

Type: .....

Are Coast Guard approved flotation devices provided for all passengers?.....  Yes  No

**d. Clubhouse (including exercise rooms)?** .....  Yes  No

If yes: Square footage: .....

**e. Convenience store/grocery store?** .....  Yes  No

If yes: Number: .....

Total sales: ..... \$ .....

**f. Garbage dumps or landfills?** .....  Yes  No

**g. Horse trails?** .....  Yes  No

If yes: Number of trail miles: .....

Describe in detail: .....

Jumps?.....  Yes  No

Riding arenas? .....  Yes  No

Saddle animals for hire? .....  Yes  No

If yes: Number: .....

Describe: .....

Stables? .....  Yes  No

If yes: Number: .....

Payroll: ..... \$ .....

**h. Ice skating?** .....  Yes  No

**i. Lakes?** .....  Yes  No

If yes: Number of acres:.....

If lake formed by a dam (complete GLS-113).

Is swimming allowed? .....  Yes  No



- j. **Lodging or cabins?** .....  Yes  No  
 If yes: Number of beds:.....
- k. **LPG sales and/or equipment maintenance?** .....  Yes  No
- l. **Parks?** .....  Yes  No  
 If yes: Number of acres:.....
- m. **Recreational equipment available for rental** (i.e., all terrain vehicles, boats with motors, golf carts, snowmobiles, etc.)?.....  Yes  No  
 If yes: Describe: \_\_\_\_\_
- n. **Restaurants/lounges?** .....  Yes  No  
 If yes: Number: .....  
 Food sales:..... \$ \_\_\_\_\_  
 Liquor sales:..... \$ \_\_\_\_\_
- o. **Shooting ranges?**.....  Yes  No  
 If yes: Number: .....  
 Type: (bow, shotgun, etc.): \_\_\_\_\_
- p. **Short-term special events?** .....  Yes  No  
 If yes: Describe: \_\_\_\_\_
- q. **Streets and roads?**.....  Yes  No  
 If yes: Number of miles: .....  
 Applicant responsible for maintenance of the roads? .....  Yes  No
- r. **Swimming or wading pools?** .....  Yes  No  
 If yes: Number: .....  
 Diving boards, platforms, slides or rafts? .....  Yes  No  
 Diving boards or platforms height: \_\_\_\_\_  
 Slide height? \_\_\_\_\_  
 Swimming rules posted? .....  Yes  No  
 Pools fenced? .....  Yes  No  
 Gates self-closing and locking? .....  Yes  No  
 Life safety equipment available at poolside? .....  Yes  No  
 Certified lifeguard available when swimming is allowed? .....  Yes  No  
 Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety act? .....  Yes  No
- s. **Waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
 If yes: Describe in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 Is it maintained and operated by the applicant? .....  Yes  No
- t. **Wilderness or primitive camping available?** .....  Yes  No
9. **Is applicant a homeowner association?** .....  Yes  No
10. **Any in-park sale of mobile homes by applicant?**.....  Yes  No
11. **Describe any additional recreational facilities or operations conducted by the applicant or others on the premises:** \_\_\_\_\_

12. Was facility built on former landfill or dump? .....  Yes  No

13. Any security guards on premises? .....  Yes  No

If yes:

a. How many armed? ..... \_\_\_\_\_

How many unarmed? ..... \_\_\_\_\_

b. How many security guards are employed by the applicant? ..... \_\_\_\_\_

c. If security guards are provided by an outside service, are Certificates of Insurance required? .....  Yes  No

If yes, minimum limits required: \_\_\_\_\_

**14. Utilities**

**Sewer:**  City  Septic

a. Who maintains and treats the septic system? \_\_\_\_\_

b. How often is system treated/maintained? \_\_\_\_\_

c. Any history of problems with system in past five years? (backup, etc.) .....  Yes  No

If yes, describe problem and action taken to prevent similar problems: \_\_\_\_\_

d. Does flow of sewage require the use of a sewer lift station or pump? .....  Yes  No

If yes, give details on procedure followed if failure in this system occurs: \_\_\_\_\_

e. Does the mobile home park have its own sewer treatment plant? .....  Yes  No

f. Disposal facilities? .....  Yes  No

If yes: How frequently is tank emptied? \_\_\_\_\_

Who disposes of sewage and where? \_\_\_\_\_

**Gas:**

a. Are gas lines owned by the park? .....  Yes  No

If yes, is park in compliance with Federal Pipeline Safety Act? .....  Yes  No

b. Are gas systems maps available and utilized by owner? .....  Yes  No

**Water:**  City  Well on premises

a. If water is supplied by park, is water treated? .....  Yes  No

If yes, by whom and how often? \_\_\_\_\_

b. Does the state test annually? .....  Yes  No

**15. Management:**

a. Are licenses, permits and notices current and posted? .....  Yes  No

b. Is owner/manager located on site? .....  Yes  No

c. What hours is he/she available to residents? \_\_\_\_\_

d. Is park operated by an independent management company? .....  Yes  No

e. Are signed leases available to residents? .....  Yes  No

f. Does owner/management provide a copy of rules/regulations of park to residents? .....  Yes  No

16. Are renters/campers allowed to have animals? .....  Yes  No

If yes, indicate any restrictions on animals allowed in the park: \_\_\_\_\_

17. Has any unit, within the applicant's park, been identified as used for methamphetamine manufacturing or storage?.....  Yes  No  
 If yes, has remediation and cleanup been completed? .....  Yes  No
18. Has applicant had any "failure to maintain" or "habitability" losses? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
19. Is risk fully developed? .....  Yes  No
20. Is there any ongoing construction or future construction planned? .....  Yes  No  
 If yes, describe: \_\_\_\_\_
21. 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: \_\_\_\_\_
22. Does applicant have any other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

**The following additional questions are applicable only to exposures located in the State of California:**

23. Is applicant in compliance with all provisions of the California Health and Safety Code pertaining to the California Mobile Home Parks Act? .....  Yes  No  
 If no, indicate all known existing violations and timetable to correct: \_\_\_\_\_
24. Does operations of applicant comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law? .....  Yes  No
25. Provide the date last inspected by California Department of Housing and Community Development or other designated enforcement authority: \_\_\_\_\_  
**Provide copy of inspection and "Notice of Violation," if any.**  
 Have all violations identified by inspection been corrected? .....  Yes  No  
 If no, provide details: \_\_\_\_\_
26. Has applicant ever, or does applicant plan to obtain a Subdivision Map for the purpose of "Condo Conversion?" .....  Yes  No

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 to Oregon)**

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

**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 of 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK 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 shall also be subject to 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.