



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	<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)									
E-MAIL ADDRESS(ES):		PHONE (A/C. No. Ext):		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	
GENERAL LIABILITY	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																	
AUTOMOBILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	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

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
	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.

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)										
CODE: SUBCODE:	<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:20%;">PAYMENT PLAN</td> <td style="width:35%;">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									
AGENCY CUSTOMER ID:	FOR COMPANY USE ONLY										

POLICY INFORMATION

TRANSACTION TYPE	LIMIT OF LIABILITY	RETAINED LIMIT										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">NEW</td> <td style="width:15%;">PROPOSED RETROACTIVE DATE</td> <td style="width:15%;">\$</td> <td style="width:15%;">EACH OCCURRENCE</td> <td style="width:40%;">\$</td> </tr> <tr> <td>RENEWAL</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> </table>	NEW	PROPOSED RETROACTIVE DATE	\$	EACH OCCURRENCE	\$	RENEWAL		\$				
NEW	PROPOSED RETROACTIVE DATE	\$	EACH OCCURRENCE	\$								
RENEWAL		\$										
EXPIRING POL #:	CURRENT RETROACTIVE DATE:	FIRST DOLLAR DEFENSE	YES	NO								

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

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 / BI EA. OCC. \$	\$		
				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 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 SIMPLIFIED 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? YES <input type="checkbox"/> NO <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? YES, EFF. DATE: NO			

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	PROFESSIONAL LIABILITY (E&O)
<input type="checkbox"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	VENDORS LIABILITY
<input type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY/TRAVEL	WATERCRAFT LIABILITY
<input type="checkbox"/>	COVERAGE		GARAGEKEEPERS LIABILITY	
<input type="checkbox"/>	EXPOSURE		INCIDENTAL MEDICAL MALPRACTICE	
<input type="checkbox"/>	AIRCRAFT LIABILITY		LIQUOR LIABILITY	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		POLLUTION LIABILITY	
<input type="checkbox"/>	ADDITIONAL INTERESTS			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL PERSONAL							

*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)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO
ADVERTISERS LIABILITY				POLLUTION LIABILITY EPA#:			
1. MEDIA USED: _____ ANNUAL COST: \$ _____				20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?			
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?							
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?							
AIRCRAFT LIABILITY				21. INDICATE THE COVERAGES CARRIED:			
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?				<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION <input type="checkbox"/> GL WITH STANDARDS SUDDEN & ACCIDENTAL ONLY <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT <input type="checkbox"/> SEPARATE POLLUTION COVERAGE			
AUTO LIABILITY				PRODUCT LIABILITY			
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?			
6. ARE PASSENGERS CARRIED FOR A FEE?				23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?			
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?			
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)			
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?				26. GROSS SALES FROM EACH OF LAST 3 YEARS: \$ _____ \$ _____ \$ _____			
CONTRACTORS LIABILITY				PROTECTIVE LIABILITY			
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):			
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):							
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):							
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?				WATERCRAFT LIABILITY			
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				28. DOES APPLICANT OWN OR LEASE WATERCRAFT?			
EMPLOYERS LIABILITY				# OWNED LENGTH HORSEPOWER			
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: _____							
INCIDENTAL MALPRACTICE LIABILITY				APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS			
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?				# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?							
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____							

REMARKS

VEHICLES

	TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
	PRIVATE PASSENGER							
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX. HEAVY							
	BUSES							

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APPLICABLE ONLY IN INDIANA, LOUISIANA AND VERMONT:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] 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 INDIANA:
 1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS) OR 2. 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.

APPLICANT'S SIGNATURE

DATE