ACORD™ COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE

PRODUCER PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER

POLICIES OR PROGRAM REQUESTED

INDICATE SECTIONS ATTACHED			
☐ PROPERTY	☐ EQUIPMENT FLOATER	☐ GARAGE AND DEALERS	
☐ GLASS AND SIGN	☐ INSTALLATION/BUILDERS RISK	☐ VEHICLE SCHEDULE	
☐ ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	☐ ELECTRONIC DATA PROC	☐ BOILER & MACHINERY	
☐ CRIME/MISCELLANEOUS CRIME	☐ COMMERCIAL GENERAL LIABILITY	☐ WORKERS COMPENSATION	
☐ TRANSPORTATION/ MOTOR TRUCK CARGO	☐ BUSINESS AUTO	☐ UMBRELLA	
	☐ TRUCKERS/MOTOR CARRIER		

CODE: ____ SUB CODE: ____

AGENCY CUSTOMER ID

STATUS OF SUBMISSION

☐ QUOTE ☐ ISSUE POLICY

☐ BOUND (Give Date and/or Attach Copy):

DATE	TIME	☐ AM ☐ PM
/ /	:	

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
/ /	/ /	☐ DIRECT BILL ☐ 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): ( ) –	

☐ INDIVIDUAL	☐ CORPORATION	☐ SUBCHAPTER "S" CORPORATION ☐ LIMITED	NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER	YEAR BUS STARTED
☐ PARTNERSHIP	☐ JOINT VENTURE	CORPORATION				

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
		–	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT		
		–	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT		
		–	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			8. DURING THE LAST TEN YEARS, 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).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					
4. ANY CATASTROPHE EXPOSURE?					
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		

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 ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE		PRODUCER'S SIGNATURE	

PRIOR CARRIER INFORMATION

LINE	CATEGORY										
COMMERCIAL GENERAL LIABILITY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE	/ /		/ /		/ /		/ /		/ /	
	EFF-EXP DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	LIMITS GENERAL AGGREGATE										
	PRODUCTS COMP OP AGGREGATE										
	PERSONAL & ADV INJ										
	EACH OCCURRENCE										
	FIRE DAMAGE										
	MEDICAL EXPENSE										
	BODILY INJURY OCCURRENCE										
	BODILY INJURY AGGREGATE										
	PROPERTY DAMAGE OCCURRENCE										
	PROPERTY DAMAGE AGGREGATE										
	COMBINED SINGLE LIMIT										
	MODIFICATION FACTOR	.		.		.		.		.	
	TOTAL PREMIUM		.		.		.		.		.
AUTOMOBILE LIABILITY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	COMBINED SINGLE LIMIT										
	BODILY INJURY EA PERSON										
	BODILY INJURY 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		.		.		.		.		.
	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)

CHK HERE IF NONE ☐   SEE ATTACHED LOSS SUMMARY ☐

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

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 125 (7/98)

- INS125 (9912)

ACORD™ PROPERTY SECTION

	DATE

PRODUCER	PHONE (A/C, No. Ext):	APPLICANT (First Named Insured)			
		EFFECTIVE DATE / /	EXPIRATION DATE / /	DIRECT BILL / AGENCY BILL	PAYMENT PLAN	AUDIT
		FOR COMPANY USE ONLY			

CODE: **SUB CODE:**

AGENCY CUSTOMER ID:

PREMISES INFORMATION   BLANKET COVERAGE   PREMISES # :   BUILDING # :   STREET ADDRESS:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	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
☐ NON MFG	☐ EXCL ☐ INCL	$ DED	DAYS	$ _____ STUDENTS	☐ POWER	_____ % COIN
☐ MFG	☐ 90 DAYS	ELEC MEDIA	MO PERIOD	$ _____ OTHER ED SERV/INC	☐ WATER	☐ CONT LOC
☐ MINING	☐ 180 DAYS	DAYS $	LIMIT		☐ COMM (DESCR BELOW)	☐ REC LOC
_____ % COINS	☐ $ _____	ORD OR LAW	MAX PERIOD			☐ MFG LOC
		DAYS				☐ LDR LOC (DESC 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		
☐ WIRING, YR: ☐ PLUMBING, YR:						
☐ ROOFING, YR: ☐ HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?	☐ YES	☐ NO
☐ OTHER:	☐ RESISTIVE	☐ SEMI-RESISTIVE	☐ OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?	☐ YES	☐ NO

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, CO_2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER			☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTERESTS

RANK: INTEREST ☐ LOSS PAYEE ☐ MORT-GAGEE	NAME AND ADDRESS	EVIDENCE ☐ CERTIF-ICATE ☐ POLICY	RANK: INTEREST ☐ LOSS PAYEE ☐ MORT-GAGEE	NAME AND ADDRESS	EVIDENCE ☐ CERTIF-ICATE ☐ POLICY

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS SUBJECT OF INSURANCE	PREMISES/ BUILDING	ANY OTHER LOCA-TION DECLARED AT INCEPTION	ANY OTHER LOCA-TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

	BLANKET COVERAGE	PREMISES # :	BUILDING # :	STREET ADDRESS:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	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
☐ NON MFG	☐ EXCL ☐ INCL	$ _____ DED	_____ DAYS	$ _____ STUDENTS	☐ POWER	_____ % COIN
☐ MFG	☐ 90 DAYS	ELEC MEDIA	MO PERIOD	$ _____ OTHER ED SERV/INC	☐ WATER	☐ CONT LOC
☐ MINING	☐ 180 DAYS	_____ DAYS $ _____ LIMIT			☐ COMM (DESCR BELOW)	☐ REC LOC
_____ % COINS	☐ $ _____	ORD OR LAW	MAX PERIOD			☐ MFG LOC
		_____ DAYS				☐ LDR LOC (DESC 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		
☐ WIRING, YR: ☐ PLUMBING, YR:						
☐ ROOFING, YR: ☐ HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?	YES	NO
☐ OTHER:	☐ RESISTIVE ☐ SEMI-RESISTIVE ☐ OTHER			IF YES, IS INSURANCE PLACED ELSEWHERE?	YES	NO

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, CO_2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST ☐ LOSS PAYEE ☐ MORT-GAGEE		☐ CERTIF-ICATE ☐ POLICY	INTEREST ☐ LOSS PAYEE ☐ MORT-GAGEE		☐ CERTIF-ICATE ☐ POLICY

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS SUBJECT OF INSURANCE	PREMISES/ BUILDING	ANY OTHER LOCA-TION DECLARED AT INCEPTION	ANY OTHER LOCA-TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

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ACORD 140 (2000/07)