COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY) / /

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED		POLICY NUMBER	

PHONE (A/C, No, Ext): ( ) -
FAX (A/C, No): ( ) -
E-MAIL ADDRESS:
CODE: SUB CODE:
AGENCY CUSTOMER ID:

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		

STATUS OF TRANSACTION

	QUOTE		ISSUE POLICY		RENEW
	BOUND (Give Date and/or Attach Copy):				
	CHANGE	DATE	TIME		AM
	CANCEL	/ /	:		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):
PHONE (A/C, No, Ext): ( ) -

MAILING ADDRESS INCL ZIP+4 (of First Named Insured)

E-MAIL ADDRESS(ES):
WEBSITE ADDRESS(ES):

	INDIVIDUAL		CORPORATION		SUBCHAPTER "S" CORPORATION		LLC	
	PARTNERSHIP		JOINT VENTURE		NOT FOR PROFIT ORG		NO. OF MEMBERS AND MANAGERS	

CR BUREAU NAME | ID NUMBER | DATE BUS STARTED / /

INSPECTION CONTACT		ACCOUNTING RECORDS CONTACT	
PHONE (A/C, No, Ext): ( ) -	E-MAIL ADDRESS:	PHONE (A/C, No, Ext): ( ) -	E-MAIL ADDRESS:

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
		-	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
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?					
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					
4. ANY CATASTROPHE EXPOSURE?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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

PRIOR CARRIER INFORMATION

LINE	CATEGORY									
COMMERCIAL GENERAL LIABILITY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	CLAIMS MADE / OCCURRENCE								
	RETRO DATE	/ /		/ /		/ /		/ /		/ /
	EFF-EXP DATE	/ / / /		/ / / /		/ / / /		/ / / /		/ / / /
	LIMITS: GENERAL AGGREGATE									
	LIMITS: PRODUCTS COMP OP AGGREGATE									
	LIMITS: PERSONAL & ADV INJ									
	LIMITS: EACH OCCURRENCE									
	LIMITS: FIRE DAMAGE									
	LIMITS: MEDICAL EXPENSE									
	LIMITS: BODILY INJURY OCCURRENCE									
	LIMITS: BODILY INJURY AGGREGATE									
	LIMITS: PROPERTY DAMAGE OCCURRENCE									
	LIMITS: PROPERTY DAMAGE AGGREGATE									
	LIMITS: 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**

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 WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY) / /

AGENCY	COMPANY	UNDERWRITER
	APPLICANT NAME	
PHONE (A/C, No. Ext): ( ) -	MAILING ADDRESS (including ZIP code) -	E-MAIL ADDRESS
FAX (A/C, No): ( ) -	YRS IN BUS / SIC	☐ INDIVIDUAL ☐ CORPORATION ☐ LLC ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐ OTHER:
E-MAIL ADDRESS:		
CODE: SUB CODE:	CREDIT BUREAU NAME:	ID NUMBER:
AGENCY CUSTOMER ID	FEDERAL EMPLOYER ID NUMBER / NCCI ID NUMBER	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION

☐ QUOTE ☐ ISSUE POLICY
☐ BOUND (Give date and/or attach copy) / /
☐ ASSIGNED RISK (Attach ACORD 133)

BILLING/AUDIT INFORMATION

BILLING PLAN	PAYMENT PLAN	AUDIT
☐ AGENCY BILL	☐ ANNUAL ☐ OTHER:	☐ AT EXPIRATION ☐ MONTHLY
☐ DIRECT BILL	☐ SEMI-ANNUAL	☐ SEMI-ANNUAL ☐ OTHER:
	☐ QUARTERLY % DOWN:	☐ QUARTERLY

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
	-
	-
	-

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	☐ PARTICIPATING ☐ NON-PARTICIPATING	RETRO PLAN
/ /	/ /	/ /		

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%	OTHER COVERAGES
	$ EACH ACCIDENT		☐ MEDICAL		☐ U.S.L. & H. ☐ MANAGED CARE OPTION
	$ DISEASE-POLICY LIMIT		☐ INDEMNITY		☐ VOLUNTARY COMP ☐
	$ DISEASE-EACH EMPLOYEE		☐		☐ FOREIGN COV ☐

DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
								.	.
								.	.
								.	.
								.	.

STATE:	FACTOR	FACTORED PREMIUM
TOTAL		$.
INCREASED LIMITS	.	$.
DEDUCTIBLE	.	$.
	.	$.
EXPERIENCE OR MERIT MODIFICATION	.	$.
LOSS CONSTANT	N/A	$.
ASSIGNED RISK SURCHARGE		$.
ARAP	.	$.
	.	$.
SCHEDULE RATING	.	$.
CCPAP	.	$.
STANDARD PREMIUM	.	$.
PREMIUM DISCOUNT	.	$.

	FACTOR	FACTORED PREMIUM
EXPENSE CONSTANT	N/A	$.
TAXES / ASSESSMENTS	N/A	$.
	.	$.
ESTIMATED ANNUAL PREMIUM	N/A	$.
TOTAL EST ANNUAL PREMIUM	N/A	$.
MINIMUM PREMIUM	$.	
DEPOSIT PREMIUM	$.	

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS ☐ LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:	.	.			
	CO:					
	POL #:	.	.			
	CO:					
	POL #:	.	.			
	CO:					
	POL #:	.	.			
	CO:					
	POL #:	.	.			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING--RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT. CONTRACTOR--TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		
2. 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)		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?		
9. ANY GROUP TRANSPORTATION PROVIDED?		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		
11. ANY SEASONAL EMPLOYEES?		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		
14. DO EMPLOYEES TRAVEL OUT OF STATE?		
15. ARE ATHLETIC TEAMS SPONSORED?		
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		
17. ANY OTHER INSURANCE WITH THIS INSURER?		

EXPLAIN ALL "YES" RESPONSES	YES	NO
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO		
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBERS(S).		

CONTACT INFORMATION

IN-SPECTION	PHONE: ( ) -
	NAME:
	E-MAIL:
ACCTNG RECORD	PHONE: ( ) -
	NAME:
	E-MAIL:
CLAIMS INFO	PHONE: ( ) -
	NAME:
	E-MAIL:

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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

REMARKS (Attach additional sheets if more space is required)

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