



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

<b>AGENCY</b>  <b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>CODE:</b> <b>SUB CODE:</b> <b>AGENCY CUSTOMER ID:</b>	<b>CARRIER</b>  <b>UNDERWRITER:</b> <b>UNDERWRITER OFFICE:</b> <b>POLICIES OR PROGRAM REQUESTED</b> <b>POLICY NUMBER</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>INDICATE SECTIONS ATTACHED</b></td> <td style="width: 30%;"><input type="checkbox"/> ELECTRONIC DATA PROC</td> <td style="width: 40%;"><input type="checkbox"/> TRUCKERS/MOTOR CARRIER</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/> EQUIPMENT FLOATER</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> BOILER &amp; MACHINERY</td> <td><input type="checkbox"/> GARAGE AND DEALERS</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> YACHT</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/> OPEN CARGO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DEALERS</td> <td><input type="checkbox"/> PROPERTY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td></td> </tr> </table>	<b>INDICATE SECTIONS ATTACHED</b>	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> YACHT	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> OPEN CARGO		<input type="checkbox"/> DEALERS	<input type="checkbox"/> PROPERTY		<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	
<b>INDICATE SECTIONS ATTACHED</b>	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER																							
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA																							
<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE																							
<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> WORKERS COMPENSATION																							
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> YACHT																							
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> OPEN CARGO																								
<input type="checkbox"/> DEALERS	<input type="checkbox"/> PROPERTY																								
<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO																								

<b>STATUS OF TRANSACTION</b>	<b>PACKAGE POLICY INFORMATION</b>															
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> <b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">PROPOSED EFF DATE</th> <th style="width: 15%;">PROPOSED EXP DATE</th> <th style="width: 15%;">BILLING PLAN</th> <th style="width: 15%;">PAYMENT PLAN</th> <th style="width: 15%;">AUDIT</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> AGENCY BILL</td> <td><b>PACKAGE POLICY PREMIUM: \$</b></td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			<input type="checkbox"/> DIRECT BILL					<input type="checkbox"/> AGENCY BILL	<b>PACKAGE POLICY PREMIUM: \$</b>	
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT												
		<input type="checkbox"/> DIRECT BILL														
		<input type="checkbox"/> AGENCY BILL	<b>PACKAGE POLICY PREMIUM: \$</b>													

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

<b>PREMISES INFORMATION</b>		<b>ACORD 823 attached for additional premises</b>							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% 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				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>
---

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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).	<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>

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

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.

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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**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																	
AUTOMOBILE	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																	
	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	
						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**ATTACHMENTS**

STATE SUPPLEMENT(S) (If applicable)
-------------------------------------



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

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

**COVERAGES**

**LIMITS**

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<table style="width:100%;"> <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 style="width:100%;"> <tr><td colspan="2"><b>PREMIUMS</b></td></tr> <tr><td colspan="2">PREMISES/OPERATIONS</td></tr> <tr><td colspan="2">PRODUCTS</td></tr> <tr><td colspan="2">OTHER</td></tr> <tr><td colspan="2"><b>TOTAL</b></td></tr> </table>	<b>PREMIUMS</b>		PREMISES/OPERATIONS		PRODUCTS		OTHER		<b>TOTAL</b>	
GENERAL AGGREGATE	\$																									
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$																									
PERSONAL & ADVERTISING INJURY	\$																									
EACH OCCURRENCE	\$																									
DAMAGE TO RENTED PREMISES (each occurrence)	\$																									
MEDICAL EXPENSE (Any one person)	\$																									
EMPLOYEE BENEFITS	\$																									
<b>PREMIUMS</b>																										
PREMISES/OPERATIONS																										
PRODUCTS																										
OTHER																										
<b>TOTAL</b>																										
DEDUCTIBLES PROPERTY DAMAGE      \$ <input type="checkbox"/> PER CLAIM BODILY INJURY              \$ <input type="checkbox"/> PER OCCURRENCE																										
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)																										

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	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      (P) PAYROLL - PER \$1,000/PAY      (C) TOTAL COST - PER \$1,000/COST      (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT      (M) ADMISSIONS - PER 1,000/ADM      (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<input type="checkbox"/>

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

**CONTRACTORS**

<b>EXPLAIN ALL "YES" RESPONSES (For past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input type="checkbox"/>
<b>DESCRIBE THE TYPE OF WORK SUBCONTRACTED</b>	<b>\$ PAID TO SUB-CONTRACTORS:</b>	<b>% OF WORK SUBCONTRACTED:</b>	<b># FULL-TIME STAFF:</b>	<b># PART-TIME STAFF:</b>	

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

<b>EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?					<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?					<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input type="checkbox"/>

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

<b>INTEREST</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> <b>ADDITIONAL INSURED</b>					<b>LOCATION:</b>	<b>BUILDING:</b>
<input type="checkbox"/> <b>LOSS PAYEE</b>					<b>VEHICLE:</b>	<b>BOAT:</b>
<input type="checkbox"/> <b>MORTGAGEE</b>					<b>SCHEDULED ITEM NUMBER:</b>	
<input type="checkbox"/> <b>LIENHOLDER</b>					<b>OTHER</b>	
<input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b>						
<b>ITEM DESCRIPTION:</b>						

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>	<b>Y / N</b>
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
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)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

**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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).  
IN FLORIDA, 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.