



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY     PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE:                      SUB CODE: AGENCY CUSTOMER ID:	CARRIER NAIC CODE:	UNDERWRITER   POLICIES OR PROGRAM REQUESTED  INDICATE SECTIONS ATTACHED <input type="checkbox"/> ACCOUNTS RECEIVABLE/ <input type="checkbox"/> VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIMEMISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE	UNDERWRITER OFF.   POLICY NUMBER  ELECTRONIC DATA PROC EQUIPMENT FLOATER GARAGE AND DEALERS GLASS AND SIGN INSTALLATION/BUILDERS RISK OPEN CARGO PROPERTY TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER UMBRELLA VEHICLE SCHEDULE WORKERS COMPENSATION YACHT
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STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION										
<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    DATE                      TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL	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>DIRECT BILL AGENCY BILL</td> <td></td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			DIRECT BILL AGENCY BILL		
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT							
		DIRECT BILL AGENCY BILL									

APPLICANT INFORMATION			
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
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> CR BUREAU NAME:	
		<input type="checkbox"/> ID NUMBER:	
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT:	
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises							
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				

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



**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/CLSD

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.



4. Is this a gated project with limited access?  Yes  No
5. Are all units re-keyed prior to leasing to a new tenant?  Yes  No  
Are the records regarding re keying of apartments kept?  Yes  No
6. Are any information alerts on crime in the area distributed to tenants?  Yes  No
7. Are any guarantees or warranties about safety supplied to tenants or potential tenants?  Yes  No
8. Is security provided?  Yes  No  
If yes, list the hours of service \_\_\_\_\_  
Are the guards armed?  Yes  No  
Name of security firm: \_\_\_\_\_
9. Are there heat and smoke detectors in all units?  Yes  No
10. Do all buildings have smoke detectors in all apartments?  Yes  No  
If yes, are they hardwired?  Yes  No  
If hardwired, are they tied to a central station?  Yes  No  
Are they battery operated?  Yes  No  
If yes, how often are batteries check and replaced? \_\_\_\_\_
11. Is there emergency lighting?  Yes  No
12. Are there an adequate number of exits?  Yes  No  
If yes, are they marked with EXIT signs?  Yes  No
13. Are there sponsored events or athletic teams?  Yes  No  
If yes, indicate type: \_\_\_\_\_
14. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking

### Recreational Facilities:

1. Swimming Pools?  Yes  No  
Number outside: \_\_\_\_\_ Number Inside: \_\_\_\_\_  
If outside fenced?  Yes  No  
If yes, height of fence: \_\_\_\_\_  
If outside, are they self-closing  Yes  No  
Key Access Doors to pool area?  Yes  No  
Rules Posted?  Yes  No  
Depth Markings?  Yes  No  
If yes, depth \_\_\_\_\_  
Daily Chemical Checks?  Yes  No  
Chemical Room Locked?  Yes  No  
Life Saving Equipment (life buoy, shepherds hook, etc.):  Yes  No  
Diving Board / Slide / Other: \_\_\_\_\_  Yes  No  
Video surveillance of pool area?  Yes  No
2. Whirlpool/Hot Tub?  Yes  No
3. Sauna:  Yes  No  
If yes, type of Heat: \_\_\_\_\_
4. Fitness Center?  Yes  No  
If yes, key access doors only?  Yes  No
5. Other Activities?  Yes  No  
If yes, please describe: \_\_\_\_\_
6. Playground Equipment?  Yes  No  
If yes, describe equipment: \_\_\_\_\_
7. Is there a clubhouse or party room?  Yes  No  
If yes, describe use. \_\_\_\_\_  
\_\_\_\_\_

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant	Title	Date
Signature of producing Agent	Date	
Agent Name and Address		