



# 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"/> CRIME/MISCELLANEOUS 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)**

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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, VA and WA, 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
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL COMMERCIAL 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 LIABILITY</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)										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	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.

## QUESTIONNAIRE – BUILDER’S RISK

Named Insured: \_\_\_\_\_

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

### PROPERTY COVERAGE DETAILS

1. Location of Structure: \_\_\_\_\_
2. Mortgagee: \_\_\_\_\_  
     Name \_\_\_\_\_ Address \_\_\_\_\_
3. Causes of Loss:  Broad  Special Form (not available on renovations)
4. Deductible:  \$500  \$1,000  Other: \_\_\_\_\_
5. Protection Class: \_\_\_\_\_
6. Number of Stories: \_\_\_\_\_ Area (Sq. Ft.) of building: \_\_\_\_\_
7. Construction:  Frame  Joisted Masonry  Masonry Non-combustible  Other : \_\_\_\_\_
8. Building use:  Residential  Mfg./Industrial  Retail/Comm'l  Storage  Other: \_\_\_\_\_
9. Indicate limits for improvements/repairs (renovations) or new construction. Limits for the existing structure and improvements must add up to 100% of the completed value for renovations.

Renovation (Building, equipment & supplies)			New Construction (Building, equipment & supplies)		
Existing Structure	\$ _____		Covered Property:	\$ _____	
Improvements	\$ _____				

### UNDERWRITING INFORMATION

1. Describe the work to be performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What date is construction planned:                      Begin: \_\_\_\_\_      End: \_\_\_\_\_
3. Will any portion of the structure be occupied prior to completion of the project?  Yes  No  
 If yes, describe occupancy: \_\_\_\_\_
4. Describe how the premises and any off-site storage is protected from theft, vandalism, or illegal entry: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Neighborhood type:  Residential  Mfg./Industrial  Retail/Comm'l  Rural  Other: \_\_\_\_\_
6. Are vagrants known to have occupied this structure in the past?  Yes  No
7. Does the job involve any of the following:
  - Demolition of the structure?  Yes  No
  - Structural alterations?  Yes  No
  - Extensive gutting?  Yes  No

- Modular units or mobile homes?  Yes  No
- Excavation other than for foundations?  Yes  No
- Unique or experimental design?  Yes  No
- Renovation after fire / vandalism?  Yes  No
- Lead, asbestos, or other pollutant removal?  Yes  No

Please explain all "yes" answers: \_\_\_\_\_

\_\_\_\_\_

8. General contractor's years of experience on similar projects:  Less than 1  1-5 years  5+

9. Is the insured the:

- Building Owner **not** acting as a General Contractor?  Yes  No
- Building Owner acting as a General Contractor?  Yes  No
- General Contractor who does not own the building?  Yes  No

10. If you are the building owner:

- Number of other properties you own? \_\_\_\_\_
- Name of General Contractor? \_\_\_\_\_
- Amount paid for structure? \_\_\_\_\_
- Do you have any experience investing in real estate?  Yes  No
- If yes, describe: \_\_\_\_\_
- Do you subcontract work to others?  Yes  No

If yes, answer the following questions:

(1) Type of work: \_\_\_\_\_

(2) Cost of subcontractor's/contract labor: \$ \_\_\_\_\_

(3) Are all subcontractors required to carry insurance?  Yes  No

If yes, indicate:

(a) Comprehensive General Liability Limit: \$ \_\_\_\_\_

(b) Are you named as an additional insured?  Yes  No

(c) Are certificates of insurance required from subcontractors?  Yes  No

11. Any history of bankruptcy?  Yes  No

- If yes, give details on a separate page.

12. Are any mortgage payments (building or contents) over 3 months past due?  Yes  No

13. Are there any tax liens against the property?  Yes  No

14. Has anyone with a financial interest in this structure been convicted of, or indicted for, any degree of arson, fraud, or other crime related to loss on property owned now or during the last 5 years?  Yes  No

15. Is there any other insurance in force or to be secured on this property?  Yes  No

Policy #	Status	Date	Amount of Ins.	Carrier

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature

Title

Date

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Producer Signature

Date

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Producer Name and Address