



COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)

AGENCY		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext):		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER Pending
FAX (A/C, No):	INDICATE SECTIONS ATTACHED		<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	
E-MAIL ADDRESS:	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA		
CODE:	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE		
AGENCY CUSTOMER ID:	<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			

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

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
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS	
CR BUREAU NAME:			DATE BUS STARTED
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		<input type="checkbox"/> 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"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		
4. ANY CATASTROPHE EXPOSURE?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
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).		
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
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)		
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
<input type="checkbox"/> 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 INSTRUCTION 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)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE	DATE	

PRIOR CARRIER INFORMATION

LINE	CATEGORY						
GENERAL LIABILITY	CARRIER						
	POLICY NUMBER						
	POLICY TYPE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	
	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 LIABILITY	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							
<input type="checkbox"/> BUILDING AMT							
<input type="checkbox"/> PERS PROP AMT							
MODIFICATION FACTOR							
TOTAL PREMIUM							
PROPERTY	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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		<input type="checkbox"/> STATE SUPPLEMENT(S) (If Applicable) <input type="checkbox"/>



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN
CODE:		SUB CODE:		<input type="checkbox"/> AGENCY BILL	AUDIT
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY			

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$	PREMISES/OPERATIONS
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$	PRODUCTS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY \$	OTHER
<input type="checkbox"/>	EACH OCCURRENCE \$	TOTAL
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence) \$	
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person) \$	
<input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER CLAIM	EMPLOYEE BENEFITS \$	
<input type="checkbox"/> \$ <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/SALE (P) PAYROLL - PER \$1,000/PA (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

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
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"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

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

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, E					Y /
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

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operation)	Y / N
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 operation)	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

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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.



PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN
				<input type="checkbox"/> AGENCY BILL	AUDIT
CODE:		FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					
SUB CODE:					

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
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OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO 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					
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	<input type="checkbox"/>	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER				<input type="checkbox"/>	CENTRAL STATION
						<input type="checkbox"/>	LOCAL GONG		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	<input type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORTGAGEE				OTHER:
<input type="checkbox"/>	ITEM DESCRIPTION:			

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)				
<input type="checkbox"/> OTHER, YR:								
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/>	CENTRAL STATION WITH KEYS	<input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	<input type="checkbox"/>		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER				
				<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/>		
				<input type="checkbox"/>	LOCAL GONG	<input type="checkbox"/>		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	<input type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORTGAGEE				OTHER:
<input type="checkbox"/>	ITEM DESCRIPTION:			

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



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS		COMPANY:	
PRODUCER NAME:		UNDERWRITER:	
CS REPRESENTATIVE NAME:		APPLICANT NAME:	
OFFICE PHONE (A/C, No, Ext)		OFFICE PHONE:	MOBILE PHONE:
MOBILE PHONE:		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)	
FAX (A/C, No):		YRS IN BUS:	
E-MAIL ADDRESS:		SIC:	
CODE:		NAICS:	
SUB CODE:		WEBSITE ADDRESS:	
AGENCY CUSTOMER ID:		E-MAIL ADDRESS:	
		<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORP
		<input type="checkbox"/> LLC	<input type="checkbox"/> TRUST
		<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER
		CREDIT BUREAU NAME:	ID NUMBER:
		FEDERAL EMPLOYER ID NUMBER	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER
		NCCI RISK ID NUMBER	

STATUS OF SUBMISSION		BILLING/AUDIT INFORMATION	
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL
			<input type="checkbox"/> QUARTERLY % DOWN:
			AUDIT
			<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
			<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY

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

POLICY INFORMATION				
PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	<input type="checkbox"/> PARTICIPATING	RETRO PLAN
			<input type="checkbox"/> NON-PARTICIPATING	
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%
	\$ EACH ACCIDENT		<input type="checkbox"/> MEDICAL	<input type="checkbox"/> U.S.L. & H.
	\$ DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> VOLUNTARY COMP
	\$ DISEASE-EACH EMPLOYEE			<input type="checkbox"/> FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS				

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$	\$	\$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED/EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll 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/PAYROLL

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE:

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
				FULL TIME	PART TIME					

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM
TOTAL		\$		\$
INCREASED LIMITS		\$	SCHEDULE RATING	\$
DEDUCTIBLE		\$	CCPAP	\$
		\$	STANDARD PREMIUM	\$
EXPERIENCE OR MERIT MODIFICATION		\$	PREMIUM DISCOUNT	\$
		\$	EXPENSE CONSTANT	N/A \$
ASSIGNED RISK SURCHARGE		\$	TAXES / ASSESSMENTS	N/A \$
ARAP		\$		\$
TOTAL ESTIMATED ANNUAL PREMIUM			MINIMUM PREMIUM	DEPOSIT PREMIUM
\$		\$		\$

REMARKS

PRIOR CARRIER INFORMATION/LOSS HISTORY

AGENCY CUSTOMER ID: _____

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/>	<input type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	<input type="checkbox"/>	<input type="checkbox"/>
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>
9. ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input type="checkbox"/>	<input type="checkbox"/>
11. ANY SEASONAL EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	YES	NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input type="checkbox"/>
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	<input type="checkbox"/>	<input type="checkbox"/>
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input type="checkbox"/>
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/>	<input type="checkbox"/>
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED IN THE LAST THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	<input type="checkbox"/>	<input type="checkbox"/>
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	<input type="checkbox"/>	<input type="checkbox"/>
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 NUMBER(S).	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

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

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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