

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

| | | | | |
|--|-------------------------------|--|--|---|
| AGENCY PHONE (A/C, No, Ext): FAX (A/C, No.): | CARRIER | NAIC CODE: | UNDERWRITER | UNDERWRITER OFF. |
| | POLICIES OR PROGRAM REQUESTED | | | POLICY NUMBER |
| CODE: | SUB CODE: | INDICATE SECTIONS ATTACHED | EQUIPMENT FLOATER | GARAGE AND DEALERS |
| AGENCY CUSTOMER ID: | | <input type="checkbox"/> PROPERTY | <input type="checkbox"/> INSTALLATION/BUILDERS RISK | <input type="checkbox"/> VEHICLE SCHEDULE |
| | | <input type="checkbox"/> GLASS AND SIGN | <input type="checkbox"/> ELECTRONIC DATA PROC | <input type="checkbox"/> BOILER & MACHINERY |
| | | <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> WORKERS COMPENSATION |
| | | <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME | <input type="checkbox"/> BUSINESS AUTO | <input type="checkbox"/> UMBRELLA |
| | | <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO | <input type="checkbox"/> TRUCKERS/MOTOR CARRIER | |

| 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. | | | |
| BOUND (Give Date and/or Attach Copy): | | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN |
| CHANGE | DATE | TIME | | | DIRECT BILL | |
| CANCEL | | | | | AGENCY BILL | |

| | | | | | | |
|---|--|--|---|----------------|-----------------------|------------------|
| NAME (First Named Insured & Other Named Insureds) | | FEIN OR SOC SEC # (of First Named Insured): | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | | | |
| E-MAIL ADDRESS(ES): | | PHONE (A/C, No, Ext): | 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 | CR BUREAU NAME | ID NUMBER | DATE BUS STARTED |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> JOINT VENTURE | NO. OF MEMBERS AND MANAGERS | | | | |
| INSPECTION CONTACT | | | ACCOUNTING RECORDS CONTACT | | PHONE (A/C, No, Ext): | |

| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | # EMPLOYEES | PART 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 | | | |

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

| GENERAL INFORMATION | | 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? <small>(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).</small> | | |
| 2. | IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | | |
| 3. | ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | | |
| 4. | ANY CATASTROPHE EXPOSURE? | | | 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: | | |
| 5. | ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | | | | |
| 6. | ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO) | | | | | |

REMARKS/PROCESSING INSTRUCTIONS

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 |
|-----------------------|------|----------------------|--------------------------|

CONTRACTORS

| EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO |
|---|--|-----------------------------|----|--|--|--------------------|----|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | |
| REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED | | \$ PAID TO SUB-CONTRACTORS: | | % OF WORK SUBCONTRACTED: | | # FULL-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) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) | | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? | | | | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | 8. PRODUCTS UNDER LABEL OF OTHERS? | | | |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | 9. VENDORS COVERAGE REQUIRED? | | | |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | |

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

| ADDITIONAL INTEREST/CERTIFICATE RECIPIENT | | ACORD 45 attached for additional names | | | | | |
|---|-------|--|--------------|----------------------|-------------------------|-----------|--|
| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | 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 | | | | | ITEM DESCRIPTION: | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | |
| 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) | | | | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS? | | | | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | | | | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS? | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | | | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | |
| 9. RECREATION FACILITIES PROVIDED? | | | | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | | | | | | | |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | | | | | | | |

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