

COMMERCIAL INSURANCE APPLICATION

BR	OKERAGE SERV	ICES					٩PP	LIC	CANT INFORM	IA ⁻	1OIT	N SECTIOI	N								
AGI	ENCY									CA	RRIE	ER							ı	NAIC	CODE
										COI	MPAN	Y POLICY OR PRO	OGI	RAM NAI	ME				PROGE	RAM	CODE
										POI	LICY N	UMBER									
NAI										UNI	DERWI	RITER				UNDE	RWRIT	ER OFFICE			
	C, No, Ext):																				
	C, No):													QUOTE			ISSUI	E POLICY		REN	IEW
E-M ADI	AIL DRESS:										ATUS (ANSAC			BOUND	(Give Date	and/or A	ttach C	Сору):			
COI	DE:				SUBCODE	:								CHANG	E D	ATE		TIME			AM
AGI	ENCY CUSTOMER ID	D:												CANCE	L						PM
	CTIONS ATTAC)									'									
IND	ICATE SECTIONS A	TTACH	ED	PREM	MIUM							PREMIUM							PRE	MIUN	Л
	ACCOUNTS RECE VALUABLE PAPER	IVABLI	Ξ/	\$			П	ELEC	CTRONIC DATA PROC			\$			PROPERT	Y			\$		
	BOILER & MACHIN			\$			\vdash		IPMENT FLOATER			\$			TRANSPO MOTOR TE		N_/_		\$		
	BUSINESS AUTO			\$			\vdash		JCIARY LIABILITY COV	FRA	GF	\$			TRUCKER				\$		
	BUSINESS OWNE	De.		\$			\vdash		AGE AND DEALERS		<u> </u>	\$			UMBRELLA		OIT OF	WINIER	\$		
			LIADULTA (<u> </u>			\vdash									٠			+ -		
	COMMERCIAL GE	NERAL	LIABILITY	\$			\vdash		SS AND SIGN			\$			YACHT				\$		
	CRIME			\$			Ш		TALLATION / BUILDERS	RIS	iK	\$							\$		
	CYBER AND PRIVA	ACY C	OVERAGE	\$			Ш	LIQU	JOR LIABILITY			\$							\$		
	DEALERS			\$				OPE	N CARGO			\$							\$		
ΑT	TACHMENTS																				
	ADDITIONAL INTE	REST						INTE	RNATIONAL PROPERT	ΓY E	XPOSL	JRE SUPPLEMEN	1T								
	ADDITIONAL PREM	MISES						LOS	SSUMMARY												
	APARTMENT BUIL	DING S	SUPPLEMENT				П	PREI	MIUM PAYMENT SUPP	LEM	ENT										
	CONDO ASSN BYLAWS (for D&O Coverage only)						PRO	FESSIONAL LIABILITY	SUP	PLEMI	ENT										
CONTRACTORS SUPPLEMENT					П	RES	TAURANT / TAVERN SI	JPPL	LEMEN	IT.											
	COVERAGES SCHEDULE					П	STATEMENT / SCHEDULE OF VALUES														
DRIVER INFORMATION SCHEDULE				\Box	STAT	TE SUPPLEMENT (If ap	plica	able)													
HOTEL / MOTEL SUPPLEMENT				\vdash		ANT BUILDING SUPPLI	MENT														
	INTERNATIONAL L			SLIDD	LEMENT		\vdash		ICLE SCHEDULE												
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_	POSED EFF DATE		OSED EXP DA	TE	DII I	ING F	I AN		PAYMENT PLAN	Τ,	METUC	DD OF PAYMENT	\top	AUDIT	DEPO	CIT	1	MINIMUM	BOI	ICV	PREMIUM
FKC	POSED EIT DATE	FROF	OSLD LAF DA	"-	DILL	LING	LAN		PATMIENT FEAN	Ι.	WILTH	DD OF FATMENT		AUDII		311	\$	PREMIUM		.101	FKLIMIOW
					DIREC	т	AG	ENCY	(\$		3		\$		
AP	PLICANT INFO	ORM	ATION		· ·	'															
NAI	ME (First Named Ins	ured) A	ND MAILING A	DDRE	SS (includi	ng ZIF	P+4)			GL	CODE	s	IC			NAICS		1	FEIN OR	soc	SEC#
												S PHONE #:									
										WE	BSITE	ADDRESS									
	CORPORATION		JOINT VENT	URE				N	NOT FOR PROFIT ORG			SUBCHAPTER "S	S" C	CORPOR	ATION						
	INDIVIDUAL		LLC NO. O	F MEM	BERS			→ F	PARTNERSHIP			TRUST					_				
NAI	ME (Other Named Ins	sured)				ling Z	IP+4)			GL	CODE	S	iC			NAICS	i		FEIN OR	soc	SEC#
										BUS	SINES	S PHONE #:									
										WE	BSITE	ADDRESS									
	CORPORATION		JOINT VENT	URE				N	NOT FOR PROFIT ORG	i		SUBCHAPTER "S	S" C	CORPOR	ATION						
	INDIVIDUAL		LLC NO. O	F MEM	BERS ERS			F	PARTNERSHIP		\square	TRUST					_				
NAI	ME (Other Named Ins	sured)				ling Z	IP+4)			GL	CODE	s	IC			NAICS		I	EIN OR	soc	SEC#
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	CORPORATION		JOINT VENT		DEDS			_	NOT FOR PROFIT ORG		Ш	SUBCHAPTER "S	S" C	CORPOR	ATION						
	INDIVIDUAL		LLC NO. O	I IVIEIVI IANAG	ERS: —			F	PARTNERSHIP			TRUST									

DATE (MM/DD/YYYY)

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONT	ACT INFOR	RIVIATION													_	
CONTACT TYPE:							co	CONTACT TYPE:								
CONTACT NAME:						co	CONTACT NAME:									
PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL					PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL											
FIIONE #								ONL #				FIIONE#				
																\dashv
PRIMAR	Y E-MAIL ADDR	RESS:						PRI	IMARY E	-MAIL ADDF	RESS:					\dashv
SECOND	ARY E-MAIL A	DDRESS:						SEC	CONDA	RY E-MAIL A	DDRESS	S:				$__$
PREM	ISES INFO	RMATION (A	ttach AC	CORD 8	23 for Additio	nal P	remise	s)								
LOC#	STREET					CI	TY LIMITS	IN	ITERES1	г	# FUI	LL TIME EMPL	ANNUAL REVENU	ES: \$		\neg
							INSIDE		OWN	IER			OCCUPIED AREA		SQ	FT
BLD#	CITY:				STATE:		OUTSIE	-	TEN		# DA	RT TIME EMPL	OPEN TO PUBLIC		SQ	-
555 #							- 001311	~—	- ''-''	7111	# FAI	XI IIIWIL LIWIFL				-
	COUNTY:				ZIP:								TOTAL BUILDING	AREA:	SQ	
DESCRI	PTION OF OPE	RATIONS:											ANY AREA LEASE	D TO OT	HERS? Y / N	
LOC#	STREET					CI	TY LIMITS	IN	ITERES	Г	# FUI	LL TIME EMPL	ANNUAL REVENU	ES: \$		
							INSIDE		OWN	IER			OCCUPIED AREA		SQ	FT
BLD#	CITY:				STATE:		OUTSIE	DE -	TEN	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC	AREA:	SQ	FT
"	COUNTY:				ZIP:		-						TOTAL BUILDING		SQ	-
					ZIF.											\dashv
DESCRI	PTION OF OPE	RATIONS:											ANY AREA LEASE	ED TO OT	HERS? Y / N	
LOC#	STREET					CI	TY LIMITS	IN	ITERES	Г	# FUI	LL TIME EMPL	ANNUAL REVENU	ES: \$		
							INSIDE		OWN	IER			OCCUPIED AREA		SQ	FT
BLD#	CITY:				STATE:		OUTSID	DE -	TEN	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC	AREA:	SQ	FT
	COUNTY:				ZIP:		-		-				TOTAL BUILDING		SQ	-
					ZIF.								-			\dashv
DESCRI	PTION OF OPE	RATIONS:											ANY AREA LEASE		HERS? Y / N	\dashv
LOC#	STREET					CI	ITY LIMITS	IN	ITERES	Ī	# FUI	LL TIME EMPL	ANNUAL REVENU	ES: \$		
							INSIDE		OWN	IER			OCCUPIED AREA		SQ	FT
BLD#	CITY:				STATE:		OUTSIE	DE	TEN	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC	AREA:	SQ	FT
	COUNTY:				ZIP:		1		1				TOTAL BUILDING	ARFA:	SQ	FT
DESCRI		DATIONS:														$\ddot{-}$
DESCRI	PTION OF OPE	RATIONS:											ANY AREA LEASE	וטטועב	HERS! I/N	
NATU	RE OF BUS	SINESS														
APA	ARTMENTS	CONTRA	CTOR	MA	NUFACTURING		RESTAUR	RANT		SERVICE	L			STAR	BUSINESS TED (MM/DD/YYYY)	
Cor	NDOMINIUMS	INSTITU'	TIONAL	OF	FICE		RETAIL			WHOLESA	LE					
		ERVICE OPERATIO			ES:	\LLATI	ON, SERVI	ICE OR		R WORK		OFF PREMI	SES INSTALLATION,	SERVICE	OR REPAIR WORK	
ADDIT	IONAL INT	EREST (Not	all fields	apply t	to all scenario	s - p	rovide o	only	the ne	ecessarv	data)	Attach AC	ORD 45 for mo	ore Add	ditional Interest	ts
INTERES		,			SS RANK:		ENCE:		ERTIFIC		POLICY				TEM NUMBER	\neg
ADI	DITIONAL	LOSS PAYEE											LOCATION:		BUILDING:	\neg
BRI	URED EACH OF	MORTGAGEE											VEHICLE:		BOAT:	\dashv
	RRANTY															\dashv
	OWNER	OWNER											AIRPORT:		AIRCRAFT:	\dashv
AS	LESSOR	REGISTRANT											CLASS:		ITEM:	
	NER	TRUSTEE											ITEM DESCRIPT	ION		
	NHOLDER		REFEREN	CE / LOAN	N #:		II.	NTERE	ST END	DATE:						
			LIEN AMO	UNT:			F	PHONE	(A/C, N	o, Ext):			FAX (A/C, No):			\dashv
						E-MAIL ADDRESS:							-			

AGENCY CUSTOMER ID:

EXPLAIN ALL "YES" RESPONSES									١	Y / N		
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?												
	PARENT COMPA	ANY NAME					RELATIONSHIP D	ESCRIPTION		% OWNED		
1b.		HE APPLICANT HAVE ANY SUBSIDIARIES? ARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED										
2.	2. IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA											
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?												
4.	ANY OTHER IN	THER INSURANCE WITH THIS COMPANY? (List policy numbers)										
	LINE OF BUSINE	ESS	POLICY NUMBER		L	LINE OF BUSINESS	s	POLICY NUMBER				
5	ANY DOLLOY O	D COVEDAC	DE DECLINED, CANCELL	ED OR NON-RENEWED DU	IDIN	IC THE DRIOR I	TUDEE (2) VEADO	EOD ANY DDEMIS	SES OB			
		(Missouri A	Applicants - Do not answ AGENT NO LONGER REF	er this question)			IRREE (3) TEARS	FOR ANY PREINIS	SES OR			
6.	ANY PAST LOS	SES OR CLA	AIMS RELATING TO SEX	JAL ABUSE OR MOLESTAT	TIOI	N ALLEGATIONS	S, DISCRIMINATIO	N OR NEGLIGENT	ΓHIRING?			
7. 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).												
8.	ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?											
	OCCURRENCE DATE	EXPLANATI	ON			F	RESOLUTION			RESOLUTION DATE		
9.	HAS APPLICAN	 IT HAD A FC	RECLOSURE, REPOSSE	SSION, BANKRUPTCY OR	RFIL	.ED FOR BANKR	RUPTCY DURING	ΓHE LAST FIVE (5)) YEARS?			
	OCCURRENCE DATE	EXPLANATION	ON			F	RESOLUTION			RESOLUTION DATE		
10.	HAS APPLICAN OCCURRENCE DATE	EXPLANATI		ING THE LAST FIVE (5) YE	ARS		RESOLUTION			RESOLUTION DATE		
11.	HAS BUSINESS	L S BEEN PLA	CED IN A TRUST?									
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST												
				S DISTRIBUTED IN USA, OF or ACORD 816 for Property			OLD / DISTRIBUTI	ED IN FOREIGN CO	OUNTRIES	5?		
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?												
LEN	MARKS / PRO	CESSING	INSTRUCTIONS (ACC	ORD 101, Additional Rer	mar	rks Schedule.	may be attache	d if more space	is reavir	red)		
			(
PRI	OR CARRIER	RINFORM	ATION									
YEA	CATEGORY CARRIER		GENERAL LIABILITY	AUTOM	МОВ	ILE	PROP	ERTY	OTHER:			
	POLICY NUME	BER										
	PREMIUM	\$		\$			\$		\$			
	EXPIRATION I											

GENERAL INFORMATION

AGENCY	CHIST	LOWED	ID:

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS	ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS							
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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