

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	
GENERAL LIABILITY	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																	
AUTOMOBILE	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																
	BUILDING	AMT															
	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)

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.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

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

COVERAGES**LIMITS**

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$	PRODUCTS
	EACH OCCURRENCE	\$	
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	\$	OTHER
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$	
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS	\$	TOTAL
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 (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)**EMPLOYEE BENEFITS LIABILITY**

1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS

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:	# 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)		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? (If "YES", attach ACORD 815)				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	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
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?							
REMARKS							

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PROPERTY SECTION

DATE (MM/DD/YYYY)

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

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

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE	DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT	OPTIONS
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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:	WIND CLASS		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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 LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	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"/> GAGEE					
ITEM DESCRIPTION:					

**ADDITIONAL
PREMISES INFORMATION**

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

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE	DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT	OPTIONS
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI						

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____			
WIND CLASS			HEATING BOILER ON PREMISES?	
<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

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

REMARKS

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