



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

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

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	AUDIT
CHANGE	DATE	TIME			DIRECT BILL		
CANCEL					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	CR BUREAU NAME:	DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE				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
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	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

GENERAL COMMERCIAL LIABILITY	LINE	CATEGORY															
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		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																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	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.



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 INSURED?			
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?							
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

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	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"/> 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"/> OTHER: YR:										
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	
INTEREST	ITEM DESCRIPTION:			LOCATION:	BUILDING:
<input type="checkbox"/> LOSS				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> PAYEE				OTHER:	
<input type="checkbox"/> MORTGAGEE					

**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 <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OPTIONS
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OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	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			
WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/> YR: _____			PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>		WIND CLASS		HEATING BOILER ON PREMISES?		
			<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 <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
INTEREST				LOCATION:
<input type="checkbox"/> LOSS				BUILDING:
<input type="checkbox"/> PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORT- GAGEE				OTHER:
ITEM DESCRIPTION:				

REMARKS

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AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$ EA OCC	\$	
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT			
EXPIRING POL #:					\$	FIRST DOLLAR DEFENSE (Y/N)	

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC	\$	
				BI EA ACC	\$	
				BI EA PER	\$	
				PD EA ACC	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM / OPS
				GENERAL AGGR	\$	
				PROD & COMP OPS	\$	PRODUCTS
				AGGREGATE	\$	
				PERSONAL & ADV INJURY	\$	OTHER
				DAMAGE TO RENTED PREMISES	\$	
				MEDICAL EXPENSE	\$	
				EMPLOYERS LIABILITY		
			DISEASE EACH EMPLOYEE	\$		
			DISEASE POLICY LIMIT	\$		
					\$	
					\$	

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) <input type="checkbox"/>			
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) <input type="checkbox"/> EFF. DATE: _____			

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)
<input type="checkbox"/>	CGL - CLAIMS MADE	<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY
<input type="checkbox"/>	CGL - OCCURRENCE	<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY
<input type="checkbox"/>	COVERAGE	<input type="checkbox"/>	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	EXPOSURE	<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT LIABILITY	<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	ADDITIONAL INTERESTS	<input type="checkbox"/>		<input type="checkbox"/>	

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

☐ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										<input type="checkbox"/>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										<input type="checkbox"/>
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										<input type="checkbox"/>
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										<input type="checkbox"/>
6. ARE PASSENGERS CARRIED FOR A FEE?										<input type="checkbox"/>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										<input type="checkbox"/>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										<input type="checkbox"/>
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										<input type="checkbox"/>
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										<input type="checkbox"/>
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										<input type="checkbox"/>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										<input type="checkbox"/>
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										<input type="checkbox"/>
16. SUBJECT TO:										
JONES ACT										
FELA										
STOP GAP										
OTHER:										
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										<input type="checkbox"/>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										<input type="checkbox"/>
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

EXPLAIN ALL "YES" RESPONSES. PROVIDE OTHER INFORMATION REQUIRED

Y/N

EPA #:

POLLUTION LIABILITY

20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?

21. INDICATE THE COVERAGES CARRIED:

☐ GL WITH STANDARD ISO POLLUTION EXCLUSION

GL WITH POLLUTION COVERAGE ENDORSEMENT

GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY

SEPARATE POLLUTION COVERAGE

PRODUCT LIABILITY

22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?

23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", Attach ACORD 815)

24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)

25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS:	\$	\$	\$
----------------------------------------------------	----	----	----

PROTECTIVE LIABILITY

26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WATERCRAFT LIABILITY

27. DOES APPLICANT OWN OR LEASE WATERCRAFT?

LOC #

OWNED

LENGTH

HORSEPOWER

LOC #

OWNED

LENGTH

HORSEPOWER

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

28

LOC #

STORIES

UNITS

SWIMMING POOLS

DIVING BOARDS

LOC #

STORIES

UNITS

SWIMMING POOLS

DIVING BOARDS

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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, VT or WA; in DC, LA, ME, TN and VA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

UM COVERAGE: ☐ IS AVAILABLE ☐ IS NOT AVAILABLE UIM COVERAGE: ☐ IS AVAILABLE ☐ IS NOT AVAILABLE

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ACORDTM BUSINESS AUTO 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	AUDIT
					<input type="checkbox"/>	AGENCY BILL		
CODE:		SUB CODE:		FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:								

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

[illegible]

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				8. ANY HOLD HARMLESS AGREEMENTS?			
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?				9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			
4. ARE ANY VEHICLES LEASED TO OTHERS?				11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?				12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?				13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			
8. HAS AGENT INSPECTED VEHICLES?				15. HAS AGENT INSPECTED VEHICLES?			
DESCRIPTION OF GARAGE/STORAGE LOCATIONS						MAXIMUM DOLLAR VALUE SUBJECT TO LOSS	
						\$	

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST		RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
	ADDITIONAL INSURED					VEHICLE:
	LOSS PAYEE					SCHEDULED ITEM NUMBER:
	LIENHOLDER					OTHER
	EMPLOYEE AS LESSOR					
	OWNER					
	REGISTRANT		ITEM DESCRIPTION:			

REMARKS

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		PP	SPEC	COML			\$		
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		



GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?			11. DOES APPLICANT USE TOW TRUCKS?		
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?			12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?		
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?			13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?		
4. IS TIRE RECAPPING OR RETREADING PERFORMED?			14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)		
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?			15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)		
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?			16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)		
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?			17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?		
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?			18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?					
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?					

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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					VEHICLE: SCHEDULED ITEM NUMBER: OTHER
ITEM DESCRIPTION:					
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					VEHICLE: SCHEDULED ITEM NUMBER: OTHER
ITEM DESCRIPTION:					

REMARKS
<div style="height: 450px;"></div>

ACORDTM VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EFFECTIVE DATE</td> <td style="width:20%;">EXPIRATION DATE</td> <td style="width:20%;">DIRECT BILL</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td colspan="2"></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									
CODE: SUB CODE: AGENCY CUSTOMER ID											
FOR COMPANY USE ONLY											

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW		
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML		\$		
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
< 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT
15 MILES +	<input type="checkbox"/> FARM	SERVICE		UNINS MOTOR		FTW	COLL			
									\$	\$
NET VEH DR/CR:									TOTAL PREM \$	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW		
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML		\$		
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
< 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT
15 MILES +	<input type="checkbox"/> FARM	SERVICE		UNINS MOTOR		FTW	COLL			
									\$	\$
NET VEH DR/CR:									TOTAL PREM \$	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW		
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML		\$		
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
< 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT
15 MILES +	<input type="checkbox"/> FARM	SERVICE		UNINS MOTOR		FTW	COLL			
									\$	\$
NET VEH DR/CR:									TOTAL PREM \$	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW		
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML		\$		
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
< 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT
15 MILES +	<input type="checkbox"/> FARM	SERVICE		UNINS MOTOR		FTW	COLL			
									\$	\$
NET VEH DR/CR:									TOTAL PREM \$	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW		
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML		\$		
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
< 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT
15 MILES +	<input type="checkbox"/> FARM	SERVICE		UNINS MOTOR		FTW	COLL			
									\$	\$
NET VEH DR/CR:									TOTAL PREM \$	

DATE (MM/DD/YYYY)

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

PRINCIPAL SHIPPERS		REGULATION	
	<input type="checkbox"/>	COMMON CARRIER	<input type="checkbox"/> DOT RATING
	<input type="checkbox"/>	CONTRACT CARRIER	<input type="checkbox"/> DOCKET #:
	<input type="checkbox"/>	PRIVATE CARRIER	<input type="checkbox"/> ICC FILING REQUIRED; DOCKET #:
		ATTACH ACORD 194 FOR STATE/FEDERAL FILINGS	

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

RECEIPTS, MILEAGE, UNITS				COMMODITIES		
	GROSS RECEIPTS	TOTAL MILEAGE	# POWER UNITS	COMMODITIES TRANSPORTED	% TOTAL REVENUE	VALUE PER TRUCK LOAD
NEXT YEAR (EST)	\$					\$
PAST YEAR	\$					\$
PREV YEAR	\$					\$
PREV YEAR	\$					\$

[illegible]

ACORD 163 attached for additional drivers

[illegible]

EQUIPMENT ☐ ACORD 129 (Vehicle Section) attached for owned units

EQUIPMENT	ACORD 129 (Vehicle Section) attached for owned units							
VEHICLE TYPE	PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY							TERR/ ZONE
	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE	RADIUS (MILES)			
					LOCAL	INTER- MEDIATE	LONG DISTANCE	
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?			12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of total number of vehicles so operated)		
3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?		
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			14. ARE DRIVERS COMPENSATED PER TRIP?		
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?			15. ANY HOLD HARMLESS AGREEMENTS?		
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?			16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
7. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)			17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED?		
8. DO DRIVERS RECEIVE REGULAR PHYSICALS?			18. DOES APPLICANT PULL DOUBLE OR TRIPLE TRAILERS?		
9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?			19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?		
10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?			20. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
			21. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?		

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

REMARKS

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