



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C, No.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	GARAGE AND DEALERS
<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	<input type="checkbox"/>	
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

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):	<input type="checkbox"/>	PROPOSED EFF DATE	<input type="checkbox"/>	PROPOSED EXP DATE	BILLING PLAN
<input type="checkbox"/>	CHANGE	DATE	TIME	<input type="checkbox"/>	AM	DIRECT BILL
<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM	AGENCY BILL
						PAYMENT PLAN
						AUDIT

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

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	PART OCCUPIED
					<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
					<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
					<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
					<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	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 ?			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? (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).		
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			
<p>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)</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	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																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	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
						CLOSED
						OPEN
						CLOSED

<b>REMARKS</b>	<b>NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY</b>	<b>ATTACHMENTS</b>

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.

# ACORD™ OPEN CARGO SECTION

DATE

PRODUCER	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					

**INTEREST**

**CONVEYANCE USED**

<p>APPLICANT IS</p> <input type="checkbox"/> FREIGHT FORWARDER <input type="checkbox"/> EXPORTER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY <input type="checkbox"/> OTHER <input type="checkbox"/> IMPORTER	
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**OPERATIONS**

PROPERTY SHIPPED	
POINTS OF ORIGIN	POINTS OF DESTINATION

**GENERAL INFORMATION**

AVERAGE VALUE	PACKING
\$ _____ PER _____	
ANNUAL GROSS SALES	COVERAGE FORM
\$ _____	

**COVERAGES**

COVERAGE TYPE	VALUATION	ANNUAL VALUES	LIMIT	PER	DED
INTERNATIONAL TRANSIT		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____

**ADDITIONAL COVERAGES**

<input type="checkbox"/> RETURNED/REFUSED	<input type="checkbox"/> FRAUDULENT B/L & RECEIPT	<input type="checkbox"/> DUTY	<input type="checkbox"/> BRANDS/LABELS	<input type="checkbox"/> DIC
<input type="checkbox"/> FOB SHIPMENTS	<input type="checkbox"/> WAR	<input type="checkbox"/> DE/CONSOLIDATION	<input type="checkbox"/> PAIRS/SETS	<input type="checkbox"/> OTHER

**EXCLUSIONS**

<input type="checkbox"/> MARRING, DENTING, CHIPPING & SCRATCHING	<input type="checkbox"/> RUST	<input type="checkbox"/> MECHANICAL/ELECTRICAL
<input type="checkbox"/> BREAKAGE	<input type="checkbox"/> DISCOLORATION & OXIDATION	<input type="checkbox"/> OTHER

**REMARKS**



**Open Marine Cargo Supplemental**

1. Named Insured: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
\_\_\_\_\_

3. Trade/Business: \_\_\_\_\_

4. Year Established in above Trade/Business: \_\_\_\_\_

5. Description of Interests to be insured:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are Interests manufactured by Named Insured? \_\_\_\_\_

7. If not manufactured by the Named Insured, will coverage be required for:

\_\_\_\_\_ Suppliers premises direct to Consignee

\_\_\_\_\_ Suppliers premises via your own premises or others including from  
temporary storage to Consignee

*Temporary Storage Period:* \_\_\_\_\_

\_\_\_\_\_ Your premises to Consignee

*Is Interest unpacked & examined for damage upon arrival from Suppliers?* \_\_\_\_\_

\_\_\_\_\_ Other (provide descriptive detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Provide details how Interest is packed and secured:

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9. Will Interest be containerized? \_\_\_\_\_

\_\_\_\_\_ *Full Container Load (Door to Door)*  
\_\_\_\_\_ *Groupage Container Service from a Central Depot*

10. Details of usual terms of sale or purchase:

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11. Transits to be insured:

From	To	Annual Value	Annual %
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

12. Will Interest be involved in any Transhipments? \_\_\_\_\_

*Where?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Conveyance Used:

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