

ACORD™ 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.): | | | | |
| CODE: | | SUB CODE: | | POLICIES OR PROGRAM REQUESTED | |
| AGENCY CUSTOMER ID: | | INDICATE SECTIONS ATTACHED | | POLICY NUMBER | |
| | | <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO | | <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER | |
| | | | | <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA | |

| 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 | 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 | CR BUREAU NAME | ID NUMBER | DATE BUS STARTED |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> JOINT VENTURE | NO. OF MEMBERS AND MANAGERS | | | | |
| 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 |
| 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

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

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
|-------------------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| GENERAL COMMERCIAL 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 | | | | | | | | | | | | | | | | | |
| | 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 |

| | | |
|----------------|--|-------------------------------------|
| 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.