

ACORDTM BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	COMPANY				NAIC CODE
	FAX (A/C, No):	COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:	
CODE:	SUB CODE:	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID	QUOTE	<input type="checkbox"/>	ISSUE POLICY	POLICY TYPE	DEPOSIT	
	BOUND (DATE):	<input type="checkbox"/>	STD	<input type="checkbox"/>	SPEC	\$

APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL	<input type="checkbox"/>	L L C	GL CODE	SIC	FEDERAL ID #
MAILING ADDRESS (INCLUDING ZIP+4)	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE			
	CORPORATION	<input type="checkbox"/>	OTHER			
	CONTACT FOR INSPECTION				PHONE (A/C, No, Ext):	
E-MAIL ADDRESS	CREDIT BUREAU NAME				ID NUMBER	

NATURE OF BUSINESS

<input type="checkbox"/>	OFFICE SERVICE	<input type="checkbox"/>	RETAIL WHOLESALE	<input type="checkbox"/>	APARTMENTS CONDOMINIUMS	<input type="checkbox"/>	RESTAURANT CONTRACTOR	DATE BUSINESS STARTED
DESCRIPTION OF OPERATIONS/ OCCUPANCY								

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. 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)			10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?		
2. ARE ATHLETIC TEAMS SPONSORED?			11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?			12. FOR RETAIL STORES, DOES INSTALLATION, SERVICE OR REPAIR WORK ACCOUNT FOR MORE THAN 15% OF RECEIPTS?		
4. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			13. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO			DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED		
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?					
7. ANY WORKERS COMPENSATION CARRIED?					
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?					
9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)					

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST ___ YRS	TOTAL LOSSES
					\$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

POLICY LEVEL COVERAGES

LIABILITY (Choose the limit options compatible with the program you are requesting)

COMBINED SINGLE LIMIT	\$	PROFESSIONAL LIABILITY	\$	HIRED AUTO	\$
BODILY INJURY & PROP DAMAGE	OCCURRENCE	LIQUOR LIABILITY	GEN. AGGREGATE	NON-OWNED AUTO	\$
	AGGREGATE			EMPLOYEE BENEFITS	\$
MEDICAL EXPENSE (PER PERSON)	\$	PER PERSON	\$		\$
DAMAGE TO RENTAL PREMISES	\$	OTHER	\$		\$
DEDUCTIBLE	\$	%	APPLICABLE TO:		
CLASSIFICATION		CLASS CODE		PREMIUM BASIS	
				AMOUNT	CODE
				\$	
				\$	
				\$	
(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other					
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER		

ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		BRG/ROB STK	\$	\$		FLOOD	\$	\$	
	\$	\$		BRG/ROB MNY	\$	\$		EARTHQUAKE	\$	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		MONEY & SEC - INSIDE	\$	\$		B & M BASIC	\$	\$	
	\$	\$		MONEY & SEC OUTSIDE	\$	\$		B & M BROAD	\$	\$	
VAL PAPERS	\$	\$		SPOILAGE	\$	\$		B & M SPOILAGE	\$	\$	
ACCNTS REC	\$	\$		COMPUTERS	\$	\$		TRANSIT	\$	\$	
SIGN	\$	\$		ORD OR LAW	\$	\$			\$	\$	
EMPL DISHON	\$	\$		EMPLOYEE BENEFITS	\$	\$			\$	\$	
	\$	\$		ERISA	\$	\$			\$	\$	

SPECIALTY PROGRAMS

APARTMENTS AND CONDOMINIUMS				YES	NO	RESTAURANTS	
1. IS THERE A PLAYGROUND ON PREMISES?						(ATTACH ACORD 185 FOR EACH LOCATION)	
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)						CONTRACTORS	
3. # UNITS PER BUILDING OR FIRE DIVISION: _____ # OWNER OCCUPIED: _____						(ATTACH ACORD 186 FOR EACH LOCATION)	
4. INDICATE WHERE COVERAGE APPLIES TO:		BARE WALLS	FINISHED WALLS	PROFESSIONAL LIABILITY			
5. SMOKE DETECTORS:		NONE	BATTERY	(ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS)			
			WIRED				
6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.							
7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?							
8. IS A PROPERTY MANAGER EMPLOYED?							

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
ITEM DESCRIPTION:						

REMARKS

ATTACHMENTS

	<table border="1"> <tr> <td>STATE SUPPLEMENT(S) (If applicable)</td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </table>	STATE SUPPLEMENT(S) (If applicable)				
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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 AND SUBSEQUENT 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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)

PREMISES		PREM #:	BLDG #:	BLANKET RATE	YES	NO	ACORD 139 ATTACHED	
ADDRESS (Street, City, State)		CHECK IF PRIMARY PREMISES		INTEREST	AREA OCCUPIED PERCENTAGE		SURROUNDING EXPOSURES & OTHER OCCUPANCIES	
				OWNER				
				TENANT				
				YEAR BUILT	SQUARE FEET		ANY AREA LEASED? YES NO	
COUNTY:		ZIP:		PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS? YES NO
# OF EMPLOYEES		HOURS OF OPERATION		ANNUAL SALES/RECEIPTS		TOTAL PAYROLL		
CLASS CODE	RATE #	RATE GROUP	DESCRIPTION OF OPERATIONS/OCCUPANCY AT THIS PREMISES					

PROPERTY											
BLDG	LIMIT \$	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE			TOT SQ FT AREA
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	# STORIES	% SPRNK	BASEMENT PRESENT?	YES NO
										IS IT FINISHED?	YES NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? YES NO	COMM SPEC	TAX CODE	WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER	

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)											
\$		\$		\$							
OCCURRENCE \$		LIQUOR LIABILITY		\$							
AGGREGATE \$		GEN. AGGREGATE		\$							
\$		PER PERSON		\$							
\$		OTHER		\$							
DEDUCTIBLE \$		% APPLICABLE TO:									
CLASSIFICATION				CLASS CODE	PREMIUM BASIS	CODE	(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other				
					\$						
					\$						
					\$						

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired											
COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		BRG/ROB STK	\$	\$		FLOOD	\$	\$	
	\$	\$		BRG/ROB MNY	\$	\$		EARTHQUAKE	\$	\$	
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	\$	\$		MONEY & SEC OUTSIDE	\$	\$		B & M BROAD	\$	\$	
VAL PAPERS ACCNTS REC	\$	\$		SPOILAGE	\$	\$		B & M SPOILAGE	\$	\$	
SIGN	\$	\$		COMPUTERS	\$	\$		TRANSIT	\$	\$	
EMPL DISHON	\$	\$		ORD OR LAW	\$	\$			\$	\$	
	\$	\$		EMPLOYEE BENEFITS	\$	\$			\$	\$	
	\$	\$		ERISA	\$	\$			\$	\$	
GLASS	LOCATION IN BUILDING	# PANES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED		
	GROUND FLOOR GLASS							\$	\$		
	ABOVE GROUND FLOOR GLASS							\$	\$		

MECHANICAL EQUIPMENT											
				YES	NO					YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)						3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.					
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:						4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?					

SWIMMING POOL											
1. IS THERE A SWIMMING POOL ON THE PREMISES? (IF YES, FENCED, LIMITED ACCESS, DIVING BOARD OR SLIDE, LIFE GUARD?)										YES	NO

REMARKS											

CRIME

ALARM TYPE		ALARM DESCRIPTION		GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL		
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG	<input type="checkbox"/> CNTRL STAT W/ KEYS	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> PARTIAL	SAFE/VAULT			PREMISES ALARM		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> POLICE CONNECT			CERT #:		EXP DATE:		1	2	3	<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT				<input type="checkbox"/> COMPLETE							
MAXIMUM CASH ON PREMISES		MAXIMUM CASH WITH MESSENGER		MONEY ON PREMISES OVERNIGHT		FREQUENCY OF DEPOSITS		DEADBOLT CYLINDER DOOR LOCKS?		SAFE DOOR CONSTRUCTION	
\$		\$		\$				<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER PROTECTION (Lighting, fences, watchpersons, etc)											

ADDITIONAL INTEREST

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

REMARKS