

ACORDTM SMALL COMMERCIAL ACCOUNT PACKAGE APP

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY		NAIC CODE:		
	FAX (A/C, No.):	POLICY OR PROGRAM REQUESTED				
	CODE	SUB CODE	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
					AGENCY	
				DIRECT		
STATUS OF SUBMISSION						
		QUOTE	ISSUE POLICY	BOUND (Give date):		

APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL	LIMITED CORPORATION	GL CODE	SIC	FEDERAL ID #
	PARTNERSHIP	JOINT VENTURE			
	CORPORATION	OTHER			
MAILING ADDRESS (INCLUDING ZIP+4)	CONTACT FOR INSPECTION	PHONE (A/C, No, Ext):	YRS IN BUS		
	CREDIT BUREAU NAME	ID NUMBER			

PRIOR POLICY(IES) / LOSS HISTORY

COMPANY (Include Cov. type/Line of Business/Dates)	LOSSES WHETHER OR NOT INSURED (Date/Description/Amount)	CORRECTIVE ACTION
DURING THE PAST 3 YEARS, HAS ANY COVERAGE BEEN CANCELLED, NON-RENEWED, DECLINED, OR PLACED IN NON-STANDARD MARKETS?		
	YES (Explain)	NO

LOCATION

ADDRESS (Include county & zip)	INTEREST	AREA OCCUP.	SURROUNDING EXPOSURES AND OTHER OCCUPANCIES
	OWNER %:		
	TENANT		
	YEAR BUILT	SQ. FT.:	
CHECK HERE IF PRIMARY LOCATION <input type="checkbox"/>			

NATURE OF BUSINESS

OFFICE	RETAIL	APTS	CONTRACTORS
SERVICE	WHOLESALE	CONDOS	OTHER (Describe):
DESCRIPTION OF OPERATIONS/OCCUPANCY			

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	DESCRIBE ANY LOCATION OR BUSINESS INTEREST OWNED OR OPERATED BY INSURED BUT NOT LISTED
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)			
2. ARE ATHLETIC TEAMS SPONSORED?			
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?			
4. DURING THE LAST FIVE YEARS, (TEN IN RHODE ISLAND), 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).			
5. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			
ANNUAL SALES/RECEIPTS:			TOTAL PAYROLL:

PROPERTY

SUBJECT	COVERAGE	LIMITS	CAUSE OF LOSS	CONSTRUCTION							
BUILDING	AMOUNT	RC ACV INFL.%		FRAME	NON-COMB	FIRE RESIST					
	COINS/DED	%		JOISTED MASON	MASONRY NON-COMB	MOD FIRE RES					
PERSONAL PROPERTY	AMOUNT	RC ACV		DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER	% BLDG SPRNKLRD					
	COINS/DED	%		FT	MI						
				PR. CL.	TOTAL AREA	ROOF TYPE	#STORIES	#UNITS			
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	OTHER	BLDG CODE GRADE	INSPECTED?	TAX CODE	WIND CLASS	RESISTIVE SEMI-RESISTIVE	OTHER
							YES NO				

OPTIONAL COVERAGES

GLASS	#PANES	AREA	LENGTH	TYPE	VALUE	DEDUCTIBLE	ADD'L INFO
GROUND FLOOR							
ABOVE GROUND FLOOR							

OPTIONAL COVERAGES (con't)

COVERAGE	AMOUNT	% COINS	DEDUCT.	COVERAGE	AMOUNT	DEDUCT.	COVERAGE	AMOUNT	DEDUCT.
EXTRA EXPENSE				C R I M E	EMPLOY. DISHON.	# EMPL.	M A C H I N E R & R Y	BASIC	
LOSS OF INCOME			BURG/ROB-STK.			BROAD			
VALUABLE PAPERS			BURG/ROB-MNY.			SPOILAGE			
ACCOUNTS REC.						IS THERE A SEPARATE HEATING BOILER?			
SIGNS									
BAILEES					TRANSIT				
TOTAL VALUE OF CUSTOMERS GOODS STORED ON PREMISES?					AVERAGE VALUE PER DELIVERY VEHICLE?				
					MAXIMUM VALUE PER VEHICLE?				
ARE GOODS STORED BEYOND NORMAL HANDLING TIME?			YES	NO	ESTIMATED ANNUAL AVERAGE VALUE SHIPPED?				

CRIME

TYPE OF ALARM (Check all that apply)				GRADE	EXTENT OF PROTECTION			ALARM CERTIFICATE #/EXPIRATION DATE:				
HOLD UP	LOCAL GONG	BURGLAR	POLICE C'NECT		SAFE/VAULT	PREMISES			SAFE/VAULT/RECEPTACLE MANUFACTURER			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PART.	1	2	3				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COMPL.							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
MAXIMUM CASH ON PREMISES		MAXIMUM CASH WITH MESSENGER		MONEY ON PREMISES OVERNIGHT			FREQUENCY OF DEPOSITS			DBL. CYL. DOOR LOCKS		
\$		\$		\$						YES NO		
OTHER PROTECTION (Lighting, fences, watchperson, etc.)												

GENERAL LIABILITY

L I M I T S	GENERAL AGGREGATE	\$	OTHER (Indicate coverage & limit)	
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$		
	PERSONAL & ADVERTISING INJURY	\$		
	EACH OCCURRENCE	\$		
	DAMAGE TO RENTED PREMISES	\$		
	MEDICAL EXPENSE (Any one person)	\$		
TERRITORY	CLASS CODE	CLASS DESCRIPTION	EXPOSURE BASE	EXPOSURE

WORKERS COMPENSATION

EMPLOYER I.D. NUMBER	RATING BUREAU I.D. NO.	ANNIVERSARY RATING DATE	PARTICIPATING			
			NON-PARTICIPATING			
PART 1 (States)	PART 2 - EMPLOYEES LIAB. (If not Basic)	SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS				
	\$ (Each Accident)					
OTHER STATES U.S.L. & H.	\$ (Disease-Policy Limit)					
VOL. COMP. \$	\$ (Disease-Each Employee)					
STATE	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	EST. ANNUAL REMUNERATION

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

NAME	AGE	TITLE/RELATION.	OWNERSHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

PLEASE EXPLAIN ALL "YES" RESPONSES

	YES	NO		YES	NO
DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?			ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		
ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			IS THERE ANY VOLUNTEER OR DONATED LABOR?		

AUTOMOBILE

USE ACORD 127, BUSINESS AUTO SECTION, AND ACORD 137 FOR YOUR STATE

UMBRELLA

EXPIRING POLICY #	RETROACTIVE DATE	LIMIT OF LIABILITY	RETAINED LIMIT	FIRST DOLLAR DEFENSE						
	CURRENT	\$ EACH OCCURRENCE		YES						
	PROPOSED	\$ AGGREGATE		NO						
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"/>	CGL/CLAIMS MADE	AIRCRAFT/WATERCRAFT	LIQUOR LIABILITY							
<input type="checkbox"/>	CGL/OCCURRENCE	CARE, CUSTODY, CONTROL								
<input type="checkbox"/>	ANY AUTO (Symbol)	MEDICAL MALPRACTICE/PROFESSIONAL LIAB.								
PROVIDE INFORMATION FOR ANY UNDERLYING POLICIES IN FORCE IN ADDITION TO THIS POLICY.										
TYPE	CARRIER/POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	ANN. RENEW. PREMIUM	RATING MOD				
AUTOMOBILE LIABILITY				CSL/BI EA ACC	\$					
				BI EA PER	\$					
				PD EA ACC	\$					
GENERAL LIABILITY				GEN. AGGR	PREM/OPS					
				PROD & C/O AGGR	\$					
				PERS & ADV INJURY	PRODUCTS					
				EACH OCCUR.	\$					
				FIRE DAMAGE	OTHER					
EMPLOYERS LIABILITY				EACH ACCIDENT	\$					
				DIS. - EA. EMP.						
				DIS. - POL. LMT						
UNDERLYING INSURANCE COVERAGE INFORMATION (Include all restrictions; e.g. laser endorsements, discrimination, subrogation waivers, or extensions of coverage - attach separate sheet if necessary)										
PLEASE EXPLAIN ALL "YES" RESPONSES				YES	NO	APTS/CONDOS/OTHER	#STORIES	#UNITS	#POOLS	#DVG. BDS.
ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?										
ARE U.S. PRODUCTS SOLD OR DISTRIBUTED IN FOREIGN COUNTRIES?										
SPECIFIC PROGRAM QUESTIONS (Explain "Yes" responses)										
APTS/CONDOS				RESTAURANTS						
ARE THERE ANY SWIMMING POOLS?				YES	NO	ATTACH ACORD 185 FOR EACH LOCATION				
IS ALUMINUM WIRING USED?				YES	NO	CONTRACTORS				
#UNITS IN BUILDING OR FIRE DIVISION				ATTACH ACORD 186 FOR EACH LOCATION						
COVERAGE APPLIES TO:				DESCRIBE OFF PREMISES EXPOSURES						
SMOKE DETECTORS				NONE	BATTERY	WIRED				
ADDITIONAL INTERESTS (Mortgagees, Loss Payees, etc.)										
NAME & ADDRESS						INTEREST			EVIDENCE	
									CERTIFICATE	
									POLICY	
									CERTIFICATE	
									POLICY	
									CERTIFICATE	
									POLICY	
REMARKS										
<p>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.</p> <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 and VA, insurance benefits may also be denied.)</p>										
APPLICANT'S SIGNATURE						PRODUCER'S SIGNATURE				