



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
 10/01/2024

<b>AGENCY</b> Producer Full Name 123 Main St #234  San Francisco CA 94106	<b>CARRIER</b> Insurer Full Name Insurer Company Policy Policy Number NAIC CODE Insurer Code Program Code
<b>CONTACT NAME:</b> Robin W. Smith <b>PHONE (A/C. No. Ext):</b> (555) 444-3333 <b>FAX (A/C. No.):</b> (555) 444-3333 <b>E-MAIL ADDRESS:</b> testy@example.com <b>CODE:</b> Insurer Code <b>SUBCODE:</b> Insurer Subcode <b>AGENCY CUSTOMER ID:</b> Agency Customer ID	<b>UNDERWRITER</b> Robin W. Smith <b>UNDERWRITER OFFICE</b> Insurer Underwriter Office  <b>STATUS OF TRANSACTION</b> <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE    DATE    TIME    AM/PM CANCEL    10/01/2024    Policy <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS		PREMIUM		PREMIUM		PREMIUM	
<input checked="" type="checkbox"/>	BOILER & MACHINERY	\$		<input checked="" type="checkbox"/>	CYBER AND PRIVACY	\$	12,345.67
<input checked="" type="checkbox"/>	BUSINESS AUTO	\$	12,345.67	<input checked="" type="checkbox"/>	FIDUCIARY LIABILITY	\$	12,345.67
<input checked="" type="checkbox"/>	BUSINESS OWNERS	\$	12,345.67	<input checked="" type="checkbox"/>	GARAGE AND DEALERS	\$	12,345.67
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	\$	12,345.67	<input checked="" type="checkbox"/>	LIQUOR LIABILITY	\$	12,345.67
<input checked="" type="checkbox"/>	COMMERCIAL INLAND MARINE	\$	12,345.67	<input checked="" type="checkbox"/>	MOTOR CARRIER	\$	12,345.67
<input checked="" type="checkbox"/>	COMMERCIAL PROPERTY	\$	12,345.67	<input checked="" type="checkbox"/>	TRUCKERS	\$	12,345.67
<input checked="" type="checkbox"/>	CRIME	\$	12,345.67	<input checked="" type="checkbox"/>	UMBRELLA	\$	12,345.67

ATTACHMENTS		
<input checked="" type="checkbox"/>	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ADDITIONAL INTEREST SCHEDULE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ADDITIONAL PREMISES INFORMATION SCHEDULE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	APARTMENT BUILDING SUPPLEMENT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	CONDO ASSN BYLAWS (for D&O Coverage only)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	CONTRACTORS SUPPLEMENT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	COVERAGES SCHEDULE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	DEALERS SECTION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ELECTRONIC DATA PROCESSING SECTION	<input checked="" type="checkbox"/>

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
10/01/2024	10/01/2024	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	Policy Information	Policy Information	Policy	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67

APPLICANT INFORMATION				
<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106		GL CODE Applicant 1	SIC or NAICS Applicant 1	FEIN OR SOC SEC # 4567454567
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC    NO. OF MEMBERS AND MANAGERS: 12		<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	Applicant 1 Information Legal Entity Other Description
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106		GL CODE Applicant 2	SIC or NAICS Applicant 2	FEIN OR SOC SEC # 4567454567
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC    NO. OF MEMBERS AND MANAGERS: 12		<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	Applicant 2 Information Legal Entity Other Description
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106		GL CODE Applicant 3	SIC or NAICS Applicant 3	FEIN OR SOC SEC # 4567454567
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC    NO. OF MEMBERS AND MANAGERS: 12		<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	Applicant 3 Information Legal Entity Other Description

**CONTACT INFORMATION**

CONTACT TYPE: Contact 1 Information Contact Type		CONTACT TYPE: Contact 2 Information Contact Type	
CONTACT NAME: Robin W. Smith		CONTACT NAME: Robin W. Smith	
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333
PRIMARY E-MAIL ADDRESS: testy@example.com		PRIMARY E-MAIL ADDRESS: testy@example.com	
SECONDARY E-MAIL ADDRESS: testy@example.com		SECONDARY E-MAIL ADDRESS: testy@example.com	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC # Pre-	STREET 123 Main St #234	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 12,345	ANNUAL REVENUES: \$ 12,345.67
BLDG #	CITY: San Francisco STATE: CA COUNTY:	ZIP: 94106	PREMISES Description	# PART TIME EMPL 12,345	OCCUPIED AREA: 12,345 SQ FT OPEN TO PUBLIC AREA: 12,345 SQ FT TOTAL BUILDING AREA: 12,345 SQ FT
DESCRIPTION OF OPERATIONS: Premises Information Description of Operations 1					ANY AREAS LEASED TO OTHERS: Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLDG #	CITY: San Francisco	STATE: CA	PREMISES	# PART TIME EMPL	OCCUPIED AREA: 12,345 SQ FT
DESCRIPTION OF OPERATIONS: Premises Information Description of Operations 2					ANY AREAS LEASED TO OTHERS: Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLDG #	CITY: San Francisco	STATE: CA	PREMISES	# PART TIME EMPL	OCCUPIED AREA: 12,345 SQ FT
DESCRIPTION OF OPERATIONS: Premises Information Description of Operations 3					ANY AREAS LEASED TO OTHERS: Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLDG #	CITY: San Francisco	STATE: CA	PREMISES	# PART TIME EMPL	OCCUPIED AREA: 12,345 SQ FT
DESCRIPTION OF OPERATIONS: Premises Information Description of Operations 4					ANY AREAS LEASED TO OTHERS: Y/N

**NATURE OF BUSINESS**

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	Nature of Business Other Type Description	DATE BUSINESS STARTED (MM/DD/YYYY) 10/01/2024
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

**DESCRIPTION OF PRIMARY OPERATIONS**

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RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	50.3 %	INSTALLATION, SERVICE OR REPAIR WORK	50.3 %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

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**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Robin W. Smith					LOCATION: Addit-	BUILDING: Addit-
<input type="checkbox"/> BREACH OF WARRANTY	123 Main St #234					VEHICLE: Addit-	BOAT: Addit-
<input type="checkbox"/> CO-OWNER	San Francisco			CA 94106		AIRPORT: Addit-	AIRCRAFT: Addit-
<input type="checkbox"/> EMPLOYEE AS LESSOR	REFERENCE / LOAN #: Additional Interest			INTEREST END DATE: 10/01/2024		ITEM CLASS: Addit-	ITEM: Addit-
<input type="checkbox"/> LEASEBACK OWNER	LIEN AMOUNT: \$12,345.67			PHONE (A/C, No, Ext): (555) 444-3333		ITEM DESCRIPTION: Addit-	ITEM DESCRIPTION: Addit-
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Additional Interest Other			E-MAIL ADDRESS: testy@example.com		FAX (A/C, No, Ext): (555) 444-3333	ITEM: Addit-
REASON FOR INTEREST: Additional Interest Reason For Interest							

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		Y / N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		Is Applicant Subsidiary of Another Entity?												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">PARENT COMPANY NAME</th> <th style="width: 50%;">RELATIONSHIP DESCRIPTION</th> <th style="width: 10%;">% OWNED</th> </tr> <tr> <td>General Information Parent Company Name</td> <td>General Information Parent Company Relationship Description</td> <td>50.3%</td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	General Information Parent Company Name	General Information Parent Company Relationship Description	50.3%								
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED												
General Information Parent Company Name	General Information Parent Company Relationship Description	50.3%												
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		Does Applicant Have Any Subsidiaries?												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">SUBSIDIARY COMPANY NAME</th> <th style="width: 50%;">RELATIONSHIP DESCRIPTION</th> <th style="width: 10%;">% OWNED</th> </tr> <tr> <td>General Information Subsidiary Company Name</td> <td>General Information Subsidiary Company Relationship Description</td> <td>50.3%</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	General Information Subsidiary Company Name	General Information Subsidiary Company Relationship Description	50.3%								
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED												
General Information Subsidiary Company Name	General Information Subsidiary Company Relationship Description	50.3%												
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		Is Formal Safety Program In Operation?												
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA                    General Information Other Safety Program														
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		Any Exposure Flammables, Explosives, Chemicals?												
Description of Any Exposure Flammables, Explosives, Chemicals														
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		Any Other Insurance With This Company?												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">LINE OF BUSINESS</th> <th style="width: 25%;">POLICY NUMBER</th> <th style="width: 25%;">LINE OF BUSINESS</th> <th style="width: 25%;">POLICY NUMBER</th> </tr> <tr> <td>General Information Line of Business 1</td> <td>General Information Policy Number 1</td> <td>General Information Line of Business 2</td> <td>General Information Policy Number 2</td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	General Information Line of Business 1	General Information Policy Number 1	General Information Line of Business 2	General Information Policy Number 2						
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER											
General Information Line of Business 1	General Information Policy Number 1	General Information Line of Business 2	General Information Policy Number 2											
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)		Any Policy or Coverage Declined, Cancelled or Non-Renewed During Prior Three (3) Years For Any Premises or Operations?												
<input checked="" type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):		General Information Declined Coverage Other Description General Information Declined Coverage Condition												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		Any Past Losses or Claims Relating to Sexual Abuse or Molestation Allegations, Discrimination or Negligent Hiring?												
Any Past Losses or Claims Relating to Sexual Abuse or Molestation Allegations, Discrimination or Negligent Hiring Explanation														
7. 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).		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?												
Any Applicant Been Indicted for Any Crime Explanation														
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?		Any Uncorrected Fire And/Or Safety Code Violations?												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OCCUR DATE</th> <th style="width: 40%;">EXPLANATION</th> <th style="width: 25%;">RESOLUTION</th> <th style="width: 20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td>10/01/2024</td> <td>Fire &amp; Safety Code Violations Explanation 1</td> <td>Fire &amp; Safety Code Violations Resolution 1</td> <td>10/01/2024</td> </tr> <tr> <td>10/01/2024</td> <td>Fire &amp; Safety Code Violations Explanation 2</td> <td>Fire &amp; Safety Code Violations Resolution 2</td> <td>10/01/2024</td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	10/01/2024	Fire & Safety Code Violations Explanation 1	Fire & Safety Code Violations Resolution 1	10/01/2024	10/01/2024	Fire & Safety Code Violations Explanation 2	Fire & Safety Code Violations Resolution 2	10/01/2024		
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE											
10/01/2024	Fire & Safety Code Violations Explanation 1	Fire & Safety Code Violations Resolution 1	10/01/2024											
10/01/2024	Fire & Safety Code Violations Explanation 2	Fire & Safety Code Violations Resolution 2	10/01/2024											
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?		Has Applicant Had Foreclosure, Repossession, Bankruptcy or Filed for Bankruptcy During the Last Five (5) Years?												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OCCUR DATE</th> <th style="width: 40%;">EXPLANATION</th> <th style="width: 25%;">RESOLUTION</th> <th style="width: 20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td>10/01/2024</td> <td>Bankruptcy Explanation 1</td> <td>Bankruptcy Resolution 1</td> <td>10/01/2024</td> </tr> <tr> <td>10/01/2024</td> <td>Bankruptcy Explanation 2</td> <td>Bankruptcy Resolution 2</td> <td>10/01/2024</td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	10/01/2024	Bankruptcy Explanation 1	Bankruptcy Resolution 1	10/01/2024	10/01/2024	Bankruptcy Explanation 2	Bankruptcy Resolution 2	10/01/2024		
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE											
10/01/2024	Bankruptcy Explanation 1	Bankruptcy Resolution 1	10/01/2024											
10/01/2024	Bankruptcy Explanation 2	Bankruptcy Resolution 2	10/01/2024											
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?		Has Applicant Had Judgement or Lien During the Last Five (5) Years?												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OCCUR DATE</th> <th style="width: 40%;">EXPLANATION</th> <th style="width: 25%;">RESOLUTION</th> <th style="width: 20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td>10/01/2024</td> <td>Judgement Explanation 1</td> <td>Judgement Resolution 1</td> <td>10/01/2024</td> </tr> <tr> <td>10/01/2024</td> <td>Judgement Explanation 2</td> <td>Judgement Resolution 2</td> <td>10/01/2024</td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	10/01/2024	Judgement Explanation 1	Judgement Resolution 1	10/01/2024	10/01/2024	Judgement Explanation 2	Judgement Resolution 2	10/01/2024		
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE											
10/01/2024	Judgement Explanation 1	Judgement Resolution 1	10/01/2024											
10/01/2024	Judgement Explanation 2	Judgement Resolution 2	10/01/2024											
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: Name of Trust Business Been Placed		Has Business Been Placed in a Trust? Name of Trust Business Been Placed												
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)		Any Foreign Operations, Foreign Products Distributed in USA, or US Products Sold, Distributed in Foreign Countries?												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?		Does Applicant Have Other Business Ventures For Which Coverage is Not Requested?												
Does Applicant Have Other Business Ventures For Which Coverage is Not Requested Explanation														
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)		Does Applicant Own/Lease/Operate Any Drones?												
Does Applicant Own/Lease/Operate Any Drones Explanation														
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)		Does Applicant Hire Others to Operate Drones?												
Does Applicant Hire Others to Operate Drones Explanation														

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Prior Carrier Information Other Description
Prior Carrier Information	CARRIER	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information
	POLICY NUMBER	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information
	PREMIUM	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67
	EFFECTIVE DATE	10/01/2024	10/01/2024	10/01/2024	10/01/2024
	EXPIRATION DATE	10/01/2024	10/01/2024	10/01/2024	10/01/2024

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
Prior Carrier Info	CARRIER	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information
	POLICY NUMBER	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information
	PREMIUM	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67
	EFFECTIVE DATE	10/01/2024	10/01/2024	10/01/2024	10/01/2024
	EXPIRATION DATE	10/01/2024	10/01/2024	10/01/2024	10/01/2024
Prior Carrier Info	CARRIER	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information
	POLICY NUMBER	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information	Prior Carrier Information
	PREMIUM	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67
	EFFECTIVE DATE	10/01/2024	10/01/2024	10/01/2024	10/01/2024
	EXPIRATION DATE	10/01/2024	10/01/2024	10/01/2024	10/01/2024

LOSS HISTORY  Check if none (Attach Loss Summary for Additional Loss Information)

NUMBER OF ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$ 12,345.67
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DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N
10/01/2024	Loss	Loss History Occurrence Description 1	10/01/2024	\$12,345.67	\$12,345.67	Loss History	Subrogation Claim 1 Op
10/01/2024	Loss	Loss History Occurrence Description 2	10/01/2024	\$12,345.67	\$12,345.67	Loss History	Subrogation Claim 2 Op
10/01/2024	Loss	Loss History Occurrence Description 3	10/01/2024	\$12,345.67	\$12,345.67	Loss History	Subrogation Claim 3 Op

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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