



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
12/04/2024

<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																								
<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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 30%;">QUOTE</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">ISSUE POLICY</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">RENEW</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="5">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input checked="" type="checkbox"/></td> <td>AM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CANCEL</td> <td>12/04/2024</td> <td>Policy</td> <td><input type="checkbox"/></td> <td>PM</td> </tr> </table>		<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					<input type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	<input type="checkbox"/>	CANCEL	12/04/2024	Policy	<input type="checkbox"/>	PM
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INDICATE 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"/>	GLASS AND SIGN SECTION	<input checked="" type="checkbox"/>	STATEMENT / SCHEDULE OF VALUES
<input checked="" type="checkbox"/>	ADDITIONAL INTEREST SCHEDULE	<input checked="" type="checkbox"/>	HOTEL / MOTEL SUPPLEMENT	<input checked="" type="checkbox"/>	STATE SUPPLEMENT (If applicable)
<input checked="" type="checkbox"/>	ADDITIONAL PREMISES INFORMATION SCHEDULE	<input checked="" type="checkbox"/>	INSTALLATION / BUILDERS RISK SECTION	<input checked="" type="checkbox"/>	VACANT BUILDING SUPPLEMENT
<input checked="" type="checkbox"/>	APARTMENT BUILDING SUPPLEMENT	<input checked="" type="checkbox"/>	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/>	VEHICLE SCHEDULE
<input checked="" type="checkbox"/>	CONDO ASSN BYLAWS (for D&O Coverage only)	<input checked="" type="checkbox"/>	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/>	Attachments Other 1 Description
<input checked="" type="checkbox"/>	CONTRACTORS SUPPLEMENT	<input checked="" type="checkbox"/>	LOSS SUMMARY	<input checked="" type="checkbox"/>	Attachments Other 2 Description
<input checked="" type="checkbox"/>	COVERAGES SCHEDULE	<input checked="" type="checkbox"/>	OPEN CARGO SECTION	<input checked="" type="checkbox"/>	Attachments Other 3 Description
<input checked="" type="checkbox"/>	DEALERS SECTION	<input checked="" type="checkbox"/>	PREMIUM PAYMENT SUPPLEMENT	<input checked="" type="checkbox"/>	Attachments Other 4 Description
<input checked="" type="checkbox"/>	DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/>	PROFESSIONAL LIABILITY SUPPLEMENT	<input checked="" type="checkbox"/>	Attachments Other 5 Description
<input checked="" type="checkbox"/>	ELECTRONIC DATA PROCESSING SECTION	<input checked="" type="checkbox"/>	RESTAURANT / TAVERN SUPPLEMENT	<input checked="" type="checkbox"/>	Attachments Other 6 Description

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/04/2024	12/04/2024	<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		<b>GL CODE</b> Applicant 1	<b>SIC</b> Applicant 1	<b>NAICS</b> Applicant 1	<b>FEIN OR SOC SEC #</b> 4567454567	Business Phone: (555) 444-3333 Website Address: Applicant 1 Information Primary Website Address	
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	Applicant 1 Information Legal Entity Other Description			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 12	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106		<b>GL CODE</b> Applicant 2	<b>SIC</b> Applicant 2	<b>NAICS</b> Applicant 2	<b>FEIN OR SOC SEC #</b> 4567454567	Business Phone: (555) 444-3333 Website Address: Applicant 2 Information Website Address	
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	Applicant 2 Information Legal Entity Other Description			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 12	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106		<b>GL CODE</b> Applicant 3	<b>SIC</b> Applicant 3	<b>NAICS</b> Applicant 3	<b>FEIN OR SOC SEC #</b> 4567454567	Business Phone: (555) 444-3333 Website Address: Applicant 3 Information Website Address	
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	Applicant 3 Information Legal Entity Other Description			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 12	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

**CONTACT INFORMATION**

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

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

<b>LOC #</b> Pre-#234	<b>STREET</b> 123 Main St	<b>CITY LIMITS</b> X INSIDE	<b>INTEREST</b> X OWNER	<b># FULL TIME EMPL</b> 12,345	<b>ANNUAL REVENUES: \$</b> 12,345.67
<b>BLDG #</b>	<b>CITY:</b> San Francisco	<b>STATE:</b> CA	<b>TENANT</b>	<b># PART TIME EMPL</b> 12,345	<b>OCCUPIED AREA:</b> 12,345 SQ FT
	<b>COUNTY:</b>	<b>ZIP:</b> 94106	<b>Pre-#234 Premises</b>		<b>OPEN TO PUBLIC AREA:</b> 12,345 SQ FT
<b>DESCRIPTION OF OPERATIONS:</b> Premises Information Description of Operations 1					<b>ANY AREA LEASED TO OTHERS?</b> Y/N

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<b>Nature of Business</b> Other Type Description	<b>DATE BUSINESS STARTED (MM/DD/YYYY)</b> 12/04/2024
<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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<b>RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:</b>	50.3 %	<b>INSTALLATION, SERVICE OR REPAIR WORK</b>		<b>OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK</b>	50.3 %
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED**  
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

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

<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>	<b>LIENHOLDER</b>	<b>NAME AND ADDRESS</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106	<input type="checkbox"/> <b>EVIDENCE</b>	<input type="checkbox"/> <b>CERTIFICATE</b>	<input type="checkbox"/> <b>POLICY</b>	<input type="checkbox"/> <b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> <b>BREACH OF WARRANTY</b>			<input type="checkbox"/> <b>LOSS PAYEE</b>	<input type="checkbox"/> <b>TRUSTEE</b>	<input type="checkbox"/> <b>REFERENCE / LOAN #:</b> Additional Interest	<input type="checkbox"/> <b>INTEREST END DATE:</b> 12/04/2024	<input type="checkbox"/> <b>ITEM CLASS:</b> Additional Interest	<input type="checkbox"/> <b>ITEM DESCRIPTION:</b> Additional Interest
<input type="checkbox"/> <b>CO-OWNER</b>	<input type="checkbox"/> <b>MORTGAGEE</b>	<b>REFERENCE / LOAN AMOUNT:</b> \$12,345.67	<input type="checkbox"/> <b>PHONE (A/C, No, Ext):</b> (555) 444-3333	<input type="checkbox"/> <b>FAX (A/C, No):</b> (555) 444-3333	<input type="checkbox"/> <b>E-MAIL ADDRESS:</b> testy@example.com	<input type="checkbox"/> <b>ITEM:</b> Additional Interest	<input type="checkbox"/> <b>VEHICLE:</b> Additional Interest	<input type="checkbox"/> <b>BOAT:</b> Additional Interest
<input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b>	<input type="checkbox"/> <b>OWNER</b>	<b>REASON FOR INTEREST:</b> 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%								
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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 Relationship Description</td> <td>50.3%</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	General Information Subsidiary Company Name	General Information Subsidiary Relationship Description	50.3%								
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General Information Subsidiary Company Name	General Information Subsidiary 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:50%;">LINE OF BUSINESS</th> <th style="width:50%;">POLICY NUMBER</th> </tr> <tr> <td>General Information Line of Business 1</td> <td>General Information Policy Number 1</td> </tr> <tr> <td>General Information Line of Business 2</td> <td>General Information Policy Number 2</td> </tr> </table>	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">LINE OF BUSINESS</th> <th style="width:50%;">POLICY NUMBER</th> </tr> <tr> <td>General Information Line of Business 1</td> <td>General Information Policy Number 1</td> </tr> <tr> <td>General Information Line of Business 2</td> <td>General Information Policy Number 2</td> </tr> </table>	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	
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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												
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												
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:20%;">RESOLUTION</th> <th style="width:25%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td>12/04/2024</td> <td>Fire &amp; Safety Code Violations Explanation 1</td> <td>Fire &amp; Safety Code Violations Resolution 1</td> <td>12/04/2024</td> </tr> <tr> <td>12/04/2024</td> <td>Fire &amp; Safety Code Violations Explanation 2</td> <td>Fire &amp; Safety Code Violations Resolution 2</td> <td>12/04/2024</td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	12/04/2024	Fire & Safety Code Violations Explanation 1	Fire & Safety Code Violations Resolution 1	12/04/2024	12/04/2024	Fire & Safety Code Violations Explanation 2	Fire & Safety Code Violations Resolution 2	12/04/2024		
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12/04/2024	Fire & Safety Code Violations Explanation 2	Fire & Safety Code Violations Resolution 2	12/04/2024											
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?												
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12/04/2024	Bankruptcy Explanation 1	Bankruptcy Resolution 1	12/04/2024											
12/04/2024	Bankruptcy Explanation 2	Bankruptcy Resolution 2	12/04/2024											
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?												
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12/04/2024	Judgement Explanation 1	Judgement Resolution 1	12/04/2024											
12/04/2024	Judgement Explanation 2	Judgement Resolution 2	12/04/2024											
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:		Has Business Been Placed in a Trust? Name of Trust												
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												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)		Does Applicant Own/Lease/Operate Any Drones												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)		Does Applicant Hire Others to Operate Drones												

**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	\$ General Liability Policy Number 1 12,345.67	\$ Automobile Policy Number 1 12,345.67	\$ Property Policy Number 1 12,345.67	\$ Other Policy Number 1 12,345.67
	EFFECTIVE DATE	12/04/2024	12/04/2024	12/04/2024	12/04/2024
	EXPIRATION DATE	12/04/2024	12/04/2024	12/04/2024	12/04/2024

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	12/04/2024	12/04/2024	12/04/2024	12/04/2024
	EXPIRATION DATE	12/04/2024	12/04/2024	12/04/2024	12/04/2024
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
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	EXPIRATION DATE	12/04/2024	12/04/2024	12/04/2024	12/04/2024

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
12/04/2024	Loss	Loss History Occurrence Description 1	12/04/2024	\$12,345.67	\$12,345.67	Loss History	Subrogation Claim 1 Op
12/04/2024	Loss	Loss History Occurrence Description 2	12/04/2024	\$12,345.67	\$12,345.67	Loss History	Subrogation Claim 2 Op
12/04/2024	Loss	Loss History Occurrence Description 3	12/04/2024	\$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 IN CERTAIN CIRCUMSTANCES 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Producer's Name	STATE PRODUCER LICENSE NO (Required in Florida) State Producer License
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER National Producer Number