COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/19/2024

AGENCY	CARRIER	NAIC CODE
Producer_FullName_A[0]	Insurer_FullName_A[0]	Insurer_NAICCode_A[0]

	COMPANY POLICY OR PROGRAM NAME	**PROGRAM CODE**
123 Main St #234	Insurer_ProductDescription_A[0]	Insurer_ProductCode_A[0]

	POLICY NUMBER
San Francisco CA 94106	Policy_PolicyNumberIdentifier_A[0]

CONTACT NAME:	Robin W. Smith	UNDERWRITER	UNDERWRITER OFFICE
PHONE (A/C, No, Ext):	(555) 444-3333	Robin W. Smith	Insurer_Underwriter_OfficeIdentifier_A[0]

STATUS OF TRANSACTION

FAX (A/C, No):	Producer_FaxNumber_A[0]	X QUOTE	X ISSUE POLICY	X RENEW	
E-MAIL ADDRESS:	testy@example.com	X BOUND (Give Date and/or Attach Copy):			
CODE: Insurer_ProducerIdentifier_A[0]	SUBCODE: Insurer_SubProducerIdentifier_A[0]	X CHANGE	**DATE**	**TIME**	X AM
AGENCY CUSTOMER ID:	Producer_CustomerIdentifier_A[0]	X CANCEL 04/19/2024		Policy_Status_EffectiveTime_A[0]	X PM

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
X	BOILER & MACHINERY	$ $12,345.67	X	CYBER AND PRIVACY	$ $12,345.67	X	YACHT	$ $12,345.67
X	BUSINESS AUTO	$ $12,345.67	X	FIDUCIARY LIABILITY	$ $12,345.67	X	Policy_LineOfBusiness_OtherLineOfBusinessDescription_A[0]	$ $12,345.67
X	BUSINESS OWNERS	$ $12,345.67	X	GARAGE AND DEALERS	$ $12,345.67	X	Policy_LineOfBusiness_OtherLineOfBusinessDescription_B[0]	$ $12,345.67
X	COMMERCIAL GENERAL LIABILITY	$ $12,345.67	X	LIQUOR LIABILITY	$ $12,345.67	X	Policy_LineOfBusiness_OtherLineOfBusinessDescription_C[0]	$ $12,345.67
X	COMMERCIAL INLAND MARINE	$ $12,345.67	X	MOTOR CARRIER	$ $12,345.67	X	Policy_LineOfBusiness_OtherLineOfBusinessDescription_D[0]	$ $12,345.67
X	COMMERCIAL PROPERTY	$ $12,345.67	X	TRUCKERS	$ $12,345.67	X	Policy_LineOfBusiness_OtherLineOfBusinessDescription_E[0]	$ $12,345.67
X	CRIME	$ $12,345.67	X	UMBRELLA	$ $12,345.67	X	Policy_LineOfBusiness_OtherLineOfBusinessDescription_F[0]	$ $12,345.67

ATTACHMENTS

X	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	X	GLASS AND SIGN SECTION	X	STATEMENT / SCHEDULE OF VALUES
X	ADDITIONAL INTEREST SCHEDULE	X	HOTEL / MOTEL SUPPLEMENT	X	STATE SUPPLEMENT (If applicable)
X	ADDITIONAL PREMISES INFORMATION SCHEDULE	X	INSTALLATION / BUILDERS RISK SECTION	X	VACANT BUILDING SUPPLEMENT
X	APARTMENT BUILDING SUPPLEMENT	X	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	X	VEHICLE SCHEDULE
X	CONDO ASSN BYLAWS (for D&O Coverage only)	X	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	X	CommercialPolicy_Attachment_OtherDescription_A[0]
X	CONTRACTORS SUPPLEMENT	X	LOSS SUMMARY	X	CommercialPolicy_Attachment_OtherDescription_B[0]
X	COVERAGES SCHEDULE	X	OPEN CARGO SECTION	X	CommercialPolicy_Attachment_OtherDescription_C[0]
X	DEALERS SECTION	X	PREMIUM PAYMENT SUPPLEMENT	X	CommercialPolicy_Attachment_OtherDescription_D[0]
X	DRIVER INFORMATION SCHEDULE	X	PROFESSIONAL LIABILITY SUPPLEMENT	X	CommercialPolicy_Attachment_OtherDescription_E[0]
X	ELECTRONIC DATA PROCESSING SECTION	X	RESTAURANT / TAVERN SUPPLEMENT	X	CommercialPolicy_Attachment_OtherDescription_F[0]

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
04/19/2024	04/19/2024	X DIRECT X AGENCY	Policy_Payment_PaymentScheduleCode_A[0]	Policy_PaymentMethod_MethodDescription_A[0]	Policy_Audit_Frequency_Code_A[0]	$ $12,345.67	$ $12,345.67	$ $12,345.67

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
NamedInsured_FullName_A[0]	NamedInsured_GeneralLiabilityCode_A[0]	NamedInsured_SICCode_A[0]	NamedInsured_NAICSCode_A[0]	456765432
123 Main St #234	**BUSINESS PHONE #:**	(555) 444-3333		
	WEBSITE ADDRESS			
San Francisco CA 94106	NamedInsured_Primary_WebsiteAddress_A[0]			

X	CORPORATION	X	JOINT VENTURE	X	NOT FOR PROFIT ORG	X	SUBCHAPTER "S" CORPORATION
X	INDIVIDUAL	X	LLC NO. OF MEMBERS AND MANAGERS: NamedInsured_LegalEntity_MemberManagerCount_A[0]	X	PARTNERSHIP	X	TRUST
				X	NamedInsured_LegalEntity_OtherDescription_A[0]		

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
NamedInsured_FullName_B[0]	NamedInsured_GeneralLiabilityCode_B[0]	NamedInsured_SICCode_B[0]	NamedInsured_NAICSCode_B[0]	456765432
123 Main St #234	**BUSINESS PHONE #:**	(555) 444-3333		
	WEBSITE ADDRESS			
San Francisco CA 94106	NamedInsured_Primary_WebsiteAddress_B[0]			

X	CORPORATION	X	JOINT VENTURE	X	NOT FOR PROFIT ORG	X	SUBCHAPTER "S" CORPORATION
X	INDIVIDUAL	X	LLC NO. OF MEMBERS AND MANAGERS: NamedInsured_LegalEntity_MemberManagerCount_B[0]	X	PARTNERSHIP	X	TRUST
				X	NamedInsured_LegalEntity_OtherDescription_B[0]		

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
NamedInsured_FullName_C[0]	NamedInsured_GeneralLiabilityCode_C[0]	NamedInsured_SICCode_C[0]	NamedInsured_NAICSCode_C[0]	456765432
123 Main St #234	**BUSINESS PHONE #:**	NamedInsured_Primary_PhoneNumber_C[0]		
	WEBSITE ADDRESS			
San Francisco CA NamedInsured_MailingAddress_Zip_Code_C[0]	NamedInsured_Primary_WebsiteAddress_C[0]			

X	CORPORATION	X	JOINT VENTURE	X	NOT FOR PROFIT ORG	X	SUBCHAPTER "S" CORPORATION
X	INDIVIDUAL	X	LLC NO. OF MEMBERS AND MANAGERS: NamedInsured_LegalEntity_MemberManagerCount_B[0]	X	PARTNERSHIP	X	TRUST
				X	NamedInsured_LegalEntity_OtherDescription_C[0]		

AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]

CONTACT INFORMATION

CONTACT TYPE:	NamedInsured_Contact_ContactDescription_A[0]		CONTACT TYPE:	NamedInsured_Contact_ContactDescription_B[0]
CONTACT NAME:	Robin W. Smith		CONTACT NAME:	Robin W. Smith

PRIMARY PHONE #	[X] HOME [X] BUS [X] CELL	SECONDARY PHONE #	[X] HOME [X] BUS [X] CELL	PRIMARY PHONE #	[X] HOME [X] BUS [X] CELL	SECONDARY PHONE #	[X] HOME [X] BUS [X] CELL
(555) 444-3333		(555) 444-3333		(555) 444-3333		(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 #	STREET	123 Main St #234		CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: $	$12,345.67	
CommercialStructure_		CommercialStructure_PhysicalAddress_LineTwo_A[0]		[X]	INSIDE	[X]	OWNER	BusinessInformation_FullTimeEmpl		OCCUPIED AREA:	BuildingOccupancy_OccupiedArea_A[	SQ FT
BLD #	CITY:	San Francisco	STATE:	CA	[X] OUTSIDE	[X]	TENANT	# PART TIME EMPL		OPEN TO PUBLIC AREA:	BuildingOccupancy_OpenT	SQ FT
CommercialStructure_	COUNTY:	CommercialStructure_PhysicalAddress_CountyName_A[0]	ZIP:	94106	[X]	Commercial Structure_RiskLocation_Oth	[X]	CommercialStructure_InsuredInterest_OtherDescription_A[0]	BusinessInformation_PartTimeEmployeeCount_A[0]	TOTAL BUILDING AREA:	CommercialStructure_BuildingArea_	SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_A[0]								ANY AREA LEASED TO OTHERS? Y / N	CommercialStructure_Question_ABBCo

LOC #	STREET	123 Main St #234		CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: $	$12,345.67	
CommercialStructure_		CommercialStructure_PhysicalAddress_LineTwo_B[0]		[X]	INSIDE	[X]	OWNER	BusinessInformation_FullTimeEmpl		OCCUPIED AREA:	BuildingOccupancy_OccupiedArea_B[	SQ FT
BLD #	CITY:	San Francisco	STATE:	CA	[X] OUTSIDE	[X]	TENANT	# PART TIME EMPL		OPEN TO PUBLIC AREA:	BuildingOccupancy_OpenT	SQ FT
CommercialStructure_	COUNTY:	CommercialStructure_PhysicalAddress_CountyName_B[0]	ZIP:	94106	[X]	Commercial Structure_RiskLocation_Oth	[X]	CommercialStructure_InsuredInterest_OtherDescription_B[0]	BusinessInformation_PartTimeEmployeeCount_B[0]	TOTAL BUILDING AREA:	CommercialStructure_BuildingArea_	SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_B[0]								ANY AREA LEASED TO OTHERS? Y / N	CommercialStructure_Question_ABBCo

LOC #	STREET	123 Main St #234		CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: $	$12,345.67	
CommercialStructure_		CommercialStructure_PhysicalAddress_LineTwo_C[0]		[X]	INSIDE	[X]	OWNER	BusinessInformation_FullTimeEmpl		OCCUPIED AREA:	BuildingOccupancy_OccupiedArea_C[0	SQ FT
BLD #	CITY:	San Francisco	STATE:	CA	[X] OUTSIDE	[X]	TENANT	# PART TIME EMPL		OPEN TO PUBLIC AREA:	BuildingOccupancy_OpenT	SQ FT
CommercialStructure_	COUNTY:	CommercialStructure_PhysicalAddress_CountyName_C[0]	ZIP:	94106	[X]	Commercial Structure_RiskLocation_Oth	[X]	CommercialStructure_InsuredInterest_OtherDescription_C[0]	BusinessInformation_PartTimeEmployeeCount_C[0]	TOTAL BUILDING AREA:	CommercialStructure_BuildingArea_	SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_C[0]								ANY AREA LEASED TO OTHERS? Y / N	CommercialStructure_Question_ABBCo

LOC #	STREET	123 Main St #234		CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: $	$12,345.67	
CommercialStructure_		CommercialStructure_PhysicalAddress_LineTwo_D[0]		[X]	INSIDE	[X]	OWNER	BusinessInformation_FullTimeEmpl		OCCUPIED AREA:	BuildingOccupancy_OccupiedArea_D[	SQ FT
BLD #	CITY:	San Francisco	STATE:	CA	[X] OUTSIDE	[X]	TENANT	# PART TIME EMPL		OPEN TO PUBLIC AREA:	BuildingOccupancy_OpenT	SQ FT
CommercialStructure_	COUNTY:	CommercialStructure_PhysicalAddress_CountyName_D[0]	ZIP:	94106	[X]	Commercial Structure_RiskLocation_Oth	[X]	CommercialStructure_InsuredInterest_OtherDescription_D[0]	BusinessInformation_PartTimeEmployeeCount_D[0]	TOTAL BUILDING AREA:	CommercialStructure_BuildingArea_	SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_D[0]								ANY AREA LEASED TO OTHERS? Y / N	CommercialStructure_Question_ABBCo

NATURE OF BUSINESS

[X]	APARTMENTS	[X]	CONTRACTOR	[X]	MANUFACTURING	[X]	RESTAURANT	[X]	SERVICE	[X]	BusinessInformation_BusinessType_OtherDescription_A[0]	DATE BUSINESS STARTED (MM/DD/YYYY)
[X]	CONDOMINIUMS	[X]	INSTITUTIONAL	[X]	OFFICE	[X]	RETAIL	[X]	WHOLESALE			04/19/2024

DESCRIPTION OF PRIMARY OPERATIONS

CommercialPolicy_OperationsDescription_A[0]

	INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	50.3%	%	50.3%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

CommercialPolicy_OperationsDescription_B[0]

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	AdditionalInterest_InterestRank_A[0] RANK: [X] EVIDENCE: [X] CERTIFICATE: [X] POLICY: [X] SEND BILL	INTEREST IN ITEM NUMBER	
[X]	ADDITIONAL INSURED	[X]	LIENHOLDER	AdditionalInterest_FullName_A[0]		LOCATION: AdditionalInte	BUILDING: AdditionalInte
[X]	BREACH OF WARRANTY	[X]	LOSS PAYEE	123 Main St #234		VEHICLE: AdditionalInterest_Io	BOAT: AdditionalInte
[X]	CO-OWNER	[X]	MORTGAGEE	AdditionalInterest_MailingAddress_LineTwo_A[0]		AIRPORT: AdditionalInte	AIRCRAFT: AdditionalInte
[X]	EMPLOYEE AS LESSOR	[X]	OWNER	San Francisco	CA 94106	ITEM CLASS: AdditionalInte	ITEM: AdditionalInte
[X]	LEASEBACK OWNER	[X]	REGISTRANT		AdditionalInterest_MailingAddress_C	ITEM DESCRIPTION:	
[X]	LENDER'S LOSS PAYABLE	[X]	TRUSTEE	REFERENCE / LOAN #: AdditionalInterest_AccountNumberIdentifier_A[0]	INTEREST END DATE: 04/19/2024	AdditionalInterest_ItemDescription_A[0]	
[X]	AdditionalInterest_InterestOtherDescription_A[0]			LIEN AMOUNT: $12,345.67	PHONE (A/C, No, Ext): (555) 444-3333	FAX (A/C, No): (555) 444-3333	
REASON FOR INTEREST:	AdditionalInterest_InterestReasonDescription_A[0]				E-MAIL ADDRESS: testy@example.com		

AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES						Y / N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? — CommercialPolicy_Question_AA

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED
BusinessInformation_ParentOrganizationName_A[0]	Subsidiary_ParentSubsidiaryRelationshipDescription_A[0]	50.3%

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? — CommercialPolicy_Question_AA

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED
Subsidiary_OrganizationName_A[0]	Subsidiary_ParentSubsidiaryRelationshipDescription_B[0]	50.3%

2. IS A FORMAL SAFETY PROGRAM IN OPERATION? — CommercialPolicy_Question_KA

| X | SAFETY MANUAL | X | SAFETY POSITION | X | MONTHLY MEETINGS | X | OSHA | X | CommercialPolicy_FormalSafetyProgram_OtherDescription_B[0] |

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? — CommercialPolicy_Question_AB

CommercialPolicy_AnyExposureToFlammableExplosivesChemicalsExplanation_A[0]

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) — CommercialPolicy_Question_AA

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
OtherPolicy_LineOfBusinessCode_A[0]	OtherPolicy_PolicyNumberIdentifier_A[0]	OtherPolicy_LineOfBusinessCode_C[0]	OtherPolicy_PolicyNumberIdentifier_C[0]
OtherPolicy_LineOfBusinessCode_B[0]	OtherPolicy_PolicyNumberIdentifier_B[0]	OtherPolicy_LineOfBusinessCode_D[0]	OtherPolicy_PolicyNumberIdentifier_D[0]

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) — CommercialPolicy_Question_AA

| X | NON-PAYMENT | X | AGENT NO LONGER REPRESENTS CARRIER | X | CancelNonRenew_OtherDescription_A[0] |
| X | NON-RENEWAL | X | UNDERWRITING | X | CONDITION CORRECTED (Describe): CancelNonRenew_UnderwritingConditionCorrectedDescription_A[0] |

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? — CommercialPolicy_Question_AA

CommercialPolicy_PastLossesClaimsRelatingSexualAbuseDiscriminationNegligentHiringExplanation_A[0]

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? — CommercialPolicy_Question_KA
(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).

CommercialPolicy_PastFiveYearsAnyApplicantIndictedOrConvictedFraudBriberyArsonExplanation_A[0]

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? — CommercialPolicy_Question_AA

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
04/19/2024	CommercialPolicy_UncorrectedFireCodeViolationExplanation_A[0]	CommercialPolicy_UncorrectedFireCodeViolation_ResolutionDescription_A[0]	04/19/2024
04/19/2024	CommercialPolicy_UncorrectedFireCodeViolationExplanation_B[0]	CommercialPolicy_UncorrectedFireCodeViolation_ResolutionDescription_B[0]	04/19/2024

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? — CommercialPolicy_Question_KA

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
04/19/2024	CommercialPolicy_ForeclosureRepossessionBankruptcyExplanation_A[0]	CommercialPolicy_ForeclosureRepossessionBankruptcy_ResolutionDescription_A[0]	04/19/2024
04/19/2024	CommercialPolicy_ForeclosureRepossessionBankruptcyExplanation_B[0]	CommercialPolicy_ForeclosureRepossessionBankruptcy_ResolutionDescription_B[0]	04/19/2024

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? — CommercialPolicy_Question_KA

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
04/19/2024	CommercialPolicy_JudgementOrLienExplanation_A[0]	CommercialPolicy_JudgementOrLien_ResolutionDescription_A[0]	04/19/2024
04/19/2024	CommercialPolicy_JudgementOrLienExplanation_B[0]	CommercialPolicy_JudgementOrLien_ResolutionDescription_B[0]	04/19/2024

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: AdditionalInterest_FullName_B[0] — CommercialPolicy_Question_AB

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? — CommercialPolicy_Question_KA
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? — CommercialPolicy_Question_KAN

CommercialPolicy_ApplicantOtherBusinessVenturesCoverageNotRequestedExplanation_A[0]

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) — CommercialPolicy_Question_KA

CommercialPolicy_ApplicantOwnLeaseOperateDronesExplanation_A[0]

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) — CommercialPolicy_Question_KAC

CommercialPolicy_ApplicantHireOthersOperateDronesExplanation_A[0]

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

CommercialPolicy_RemarkText_A[0]

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: PriorCoverage_OtherLine_LineOfBusinessCode_A[0]
PriorCoverage_PolicyYear_A[0]	CARRIER	PriorCoverage_GeneralLiability_InsurerFullName_A[0]	PriorCoverage_Automobile_InsurerFullName_A[0]	PriorCoverage_Property_InsurerFullName_A[0]	PriorCoverage_OtherLine_InsurerFullName_A[0]
	POLICY NUMBER	PriorCoverage_GeneralLiability_PolicyNumberIdentifier_A[0]	PriorCoverage_Automobile_PolicyNumberIdentifier_A[0]	PriorCoverage_Property_PolicyNumberIdentifier_A[0]	PriorCoverage_OtherLine_PolicyNumberIdentifier_A[0]
	PREMIUM	$ 12,345.67	$ 12,345.67	$ 12,345.67	$ 12,345.67
	EFFECTIVE DATE	PriorCoverage_GeneralLiability_EffectiveDate_A[0]	PriorCoverage_Automobile_EffectiveDate_A[0]	PriorCoverage_Property_EffectiveDate_A[0]	PriorCoverage_OtherLine_EffectiveDate_A[0]
	EXPIRATION DATE	PriorCoverage_GeneralLiability_ExpirationDate_A[0]	PriorCoverage_Automobile_ExpirationDate_A[0]	PriorCoverage_Property_ExpirationDate_A[0]	PriorCoverage_OtherLine_ExpirationDate_A[0]

AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: PriorCoverage_OtherLine_LineOfBusinessCode_A[0]
PriorCoverage_PolicyYear_B[0]	CARRIER	PriorCoverage_GeneralLiability_InsurerFullName_B[0]	PriorCoverage_Automobile_InsurerFullName_B[0]	PriorCoverage_Property_InsurerFullName_B[0]	PriorCoverage_OtherLine_InsurerFullName_B[0]
	POLICY NUMBER	PriorCoverage_GeneralLiability_PolicyNumberIdentifier_B[0]	PriorCoverage_Automobile_PolicyNumberIdentifier_B[0]	PriorCoverage_Property_PolicyNumberIdentifier_B[0]	PriorCoverage_OtherLine_PolicyNumberIdentifier_B[0]
	PREMIUM	$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
	EFFECTIVE DATE	PriorCoverage_GeneralLiability_EffectiveDate_B[0]	PriorCoverage_Automobile_EffectiveDate_B[0]	PriorCoverage_Property_EffectiveDate_B[0]	PriorCoverage_OtherLine_EffectiveDate_B[0]
	EXPIRATION DATE	PriorCoverage_GeneralLiability_ExpirationDate_B[0]	PriorCoverage_Automobile_ExpirationDate_B[0]	PriorCoverage_Property_ExpirationDate_B[0]	PriorCoverage_OtherLine_ExpirationDate_B[0]
PriorCoverage_PolicyYear_C[0]	CARRIER	PriorCoverage_GeneralLiability_InsurerFullName_C[0]	PriorCoverage_Automobile_InsurerFullName_C[0]	PriorCoverage_Property_InsurerFullName_C[0]	PriorCoverage_OtherLine_InsurerFullName_C[0]
	POLICY NUMBER	PriorCoverage_GeneralLiability_PolicyNumberIdentifier_C[0]	PriorCoverage_Automobile_PolicyNumberIdentifier_C[0]	PriorCoverage_Property_PolicyNumberIdentifier_C[0]	PriorCoverage_OtherLine_PolicyNumberIdentifier_C[0]
	PREMIUM	$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
	EFFECTIVE DATE	PriorCoverage_GeneralLiability_EffectiveDate_C[0]	PriorCoverage_Automobile_EffectiveDate_C[0]	PriorCoverage_Property_EffectiveDate_C[0]	PriorCoverage_OtherLine_EffectiveDate_C[0]
	EXPIRATION DATE	PriorCoverage_GeneralLiability_ExpirationDate_C[0]	PriorCoverage_Automobile_ExpirationDate_C[0]	PriorCoverage_Property_ExpirationDate_C[0]	PriorCoverage_OtherLine_ExpirationDate_C[0]

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST LossHistory_InformationCount_A[0] YEARS.

TOTAL LOSSES: $ $12,345.67

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N
04/19/2024	LossHistory_LineOfBusiness_A[0]	LossHistory_OccurrenceDescription_A[0]	04/19/2024	$12,345.67	$12,345.67	LossHistory_ClaimSubrogationCode_A[0]	LossHistory_ClaimStatusCode_A[0]
04/19/2024	LossHistory_LineOfBusiness_B[0]	LossHistory_OccurrenceDescription_B[0]	04/19/2024	$12,345.67	$12,345.67	LossHistory_ClaimSubrogationCode_B[0]	LossHistory_ClaimStatusCode_B[0]
04/19/2024	LossHistory_LineOfBusiness_C[0]	LossHistory_OccurrenceDescription_C[0]	04/19/2024	$12,345.67	$12,345.67	LossHistory_ClaimSubrogationCode_C[0]	LossHistory_ClaimStatusCode_C[0]

SIGNATURE

X	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) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) Producer_StateLicenseIdentifier_A[0]
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER Producer_NationalIdentifier_A[0]