

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
05/02/2024

AGENCY Producer_FullName_A[0] 123 Main St #234 San Francisco CA 94106		CARRIER Insurer_FullName_A[0] COMPANY POLICY OR PROGRAM NAME Insurer_ProductDescription_A[0] POLICY NUMBER Policy_PolicyNumberIdentifier_A[0]		NAIC CODE Insurer_NAI-CCode_A[0] PROGRAM CODE Insurer_ProductCode_A[0]																								
CONTACT NAME: Robin W. Smith PHONE (A/C, No, Ext): (555) 444-3333 FAX (A/C, No): Producer_FaxNumber_A[0] E-MAIL ADDRESS: testy@example.com CODE: Insurer_ProducerIdentifier_A[0] SUBCODE: Insurer_SubProducerIdentifier_A[0] AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]		UNDERWRITER Robin W. Smith UNDERWRITER OFFICE Insurer_Underwriter_OfficeIdentifier_A[0]		STATUS OF TRANSACTION <table><tr><td><input checked="" type="checkbox"/></td><td>QUOTE</td><td><input checked="" type="checkbox"/></td><td>ISSUE POLICY</td><td><input checked="" type="checkbox"/></td><td>RENEW</td></tr><tr><td><input checked="" type="checkbox"/></td><td colspan="4">BOUND (Give Date and/or Attach Copy):</td><td></td></tr><tr><td><input checked="" 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 checked="" type="checkbox"/></td><td>CANCEL</td><td>05/02/2024</td><td>Policy_Status_EffectiveTime_A[0]</td><td><input checked="" type="checkbox"/></td><td>PM</td></tr></table>	<input checked="" type="checkbox"/>	QUOTE	<input checked="" type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW	<input checked="" type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					<input checked="" type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	CANCEL	05/02/2024	Policy_Status_EffectiveTime_A[0]	<input checked="" type="checkbox"/>	PM
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<input checked="" type="checkbox"/>	CANCEL	05/02/2024	Policy_Status_EffectiveTime_A[0]	<input checked="" type="checkbox"/>	PM																							

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input checked="" type="checkbox"/> BOILER & MACHINERY	\$ \$12,345.67	<input checked="" type="checkbox"/>	CYBER AND PRIVACY	\$ \$12,345.67	<input checked="" type="checkbox"/>	YACHT	\$ \$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"/>	Policy_LineOfBusiness_OtherLineOf-BusinessDescription_A[0]	\$ \$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"/>	Policy_LineOfBusiness_OtherLineOf-BusinessDescription_B[0]	\$ \$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"/>	Policy_LineOfBusiness_OtherLineOf-BusinessDescription_C[0]	\$ \$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"/>	Policy_LineOfBusiness_OtherLineOf-BusinessDescription_D[0]	\$ \$12,345.67
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$ \$12,345.67	<input checked="" type="checkbox"/>	TRUCKERS	\$ \$12,345.67	<input checked="" type="checkbox"/>	Policy_LineOfBusiness_OtherLineOf-BusinessDescription_E[0]	\$ \$12,345.67
<input checked="" type="checkbox"/> CRIME	\$ \$12,345.67	<input checked="" type="checkbox"/>	UMBRELLA	\$ \$12,345.67	<input checked="" type="checkbox"/>	Policy_LineOfBusiness_OtherLineOf-BusinessDescription_F[0]	\$ \$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"/>	CommercialPolicy_Attachment_OtherDescription_A[0]
<input checked="" type="checkbox"/> CONTRACTORS SUPPLEMENT	<input checked="" type="checkbox"/>	LOSS SUMMARY	<input checked="" type="checkbox"/>	CommercialPolicy_Attachment_OtherDescription_B[0]
<input checked="" type="checkbox"/> COVERAGES SCHEDULE	<input checked="" type="checkbox"/>	OPEN CARGO SECTION	<input checked="" type="checkbox"/>	CommercialPolicy_Attachment_OtherDescription_C[0]
<input checked="" type="checkbox"/> DEALERS SECTION	<input checked="" type="checkbox"/>	PREMIUM PAYMENT SUPPLEMENT	<input checked="" type="checkbox"/>	CommercialPolicy_Attachment_OtherDescription_D[0]
<input checked="" type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/>	PROFESSIONAL LIABILITY SUPPLEMENT	<input checked="" type="checkbox"/>	CommercialPolicy_Attachment_OtherDescription_E[0]
<input checked="" type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input checked="" type="checkbox"/>	RESTAURANT / TAVERN SUPPLEMENT	<input checked="" type="checkbox"/>	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
05/02/2024	05/02/2024	<input checked="" type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	Policy_Payment_PaymentScheduleCode_A[0]	Policy_PaymentMethod_MethodDescription_A[0]	Policy_Audit_Frequency_A[0]	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) NamedInsured_FullName_A[0] 123 Main St #234 San Francisco CA 94106				GL CODE NamedInsured_GeneralLiabilityCode_A[0]	SIC NamedInsured_SIC-Code_A[0]	NAICS NamedInsured_NAI-CSCode_A[0]	FEIN OR SOC SEC # 856454327
BUSINESS PHONE #: (555) 444-3333				WEBSITE ADDRESS NamedInsured_Primary_WebsiteAddress_A[0]			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> NamedInsured_LegalEntity_OtherDescription_A[0]			
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) NamedInsured_FullName_B[0] 123 Main St #234 San Francisco CA 94106				GL CODE NamedInsured_GeneralLiabilityCode_B[0]	SIC NamedInsured_SIC-Code_B[0]	NAICS NamedInsured_NAI-CSCode_B[0]	FEIN OR SOC SEC # 856454327
BUSINESS PHONE #: (555) 444-3333				WEBSITE ADDRESS NamedInsured_Primary_WebsiteAddress_B[0]			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> NamedInsured_LegalEntity_OtherDescription_B[0]			
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) NamedInsured_FullName_C[0] 123 Main St #234 San Francisco CA 94106				GL CODE NamedInsured_GeneralLiabilityCode_C[0]	SIC NamedInsured_SIC-Code_C[0]	NAICS NamedInsured_NAI-CSCode_C[0]	FEIN OR SOC SEC # 856454327
BUSINESS PHONE #: (555) 444-3333				WEBSITE ADDRESS NamedInsured_Primary_WebsiteAddress_C[0]			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> NamedInsured_LegalEntity_OtherDescription_C[0]			
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST				

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 # <input checked="" type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (555) 444-3333		SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (555) 444-3333		PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (555) 444-3333		SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" 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 #	STREET	123 Main St #234	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	\$12,345.67
Commer	CommercialStructure_PhysicalAddress_LineTwo_A[0]		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	BusinessInformation_FullTimeEmpl	OCCUPIED AREA:	BuildingOccupancy SQ FT
Bldg #	CITY:	San Francisco	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	BusinessInformation_PartTimeEmpl	OPEN TO PUBLIC AREA:	BuildingOccupancy SQ FT
County	COUNTY:	CommercialStructure_PhysicalAddress_LineTwo_A[0]	<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> COMMERCIAL-STRUCTURE-INSURED-INTEREST	BusinessInformation_PartTimeEmpl	TOTAL BUILDING AREA:	BuildingOccupancy SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_A[0]		EmployeeCount_A[0]		ANY AREA LEASED TO OTHERS? Y/N	
LOC #	STREET	123 Main St #234	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	\$12,345.67
Commer	CommercialStructure_PhysicalAddress_LineTwo_B[0]		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	BusinessInformation_FullTimeEmpl	OCCUPIED AREA:	BuildingOccupancy SQ FT
Bldg #	CITY:	San Francisco	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	BusinessInformation_PartTimeEmpl	OPEN TO PUBLIC AREA:	BuildingOccupancy SQ FT
County	COUNTY:	CommercialStructure_PhysicalAddress_LineTwo_B[0]	<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> COMMERCIAL-STRUCTURE-INSURED-INTEREST	BusinessInformation_PartTimeEmpl	TOTAL BUILDING AREA:	BuildingOccupancy SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_B[0]		EmployeeCount_B[0]		ANY AREA LEASED TO OTHERS? Y/N	
LOC #	STREET	123 Main St #234	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	\$12,345.67
Commer	CommercialStructure_PhysicalAddress_LineTwo_C[0]		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	BusinessInformation_FullTimeEmpl	OCCUPIED AREA:	BuildingOccupancy SQ FT
Bldg #	CITY:	San Francisco	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	BusinessInformation_PartTimeEmpl	OPEN TO PUBLIC AREA:	BuildingOccupancy SQ FT
County	COUNTY:	CommercialStructure_PhysicalAddress_LineTwo_C[0]	<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> COMMERCIAL-STRUCTURE-INSURED-INTEREST	BusinessInformation_PartTimeEmpl	TOTAL BUILDING AREA:	BuildingOccupancy SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_C[0]		EmployeeCount_C[0]		ANY AREA LEASED TO OTHERS? Y/N	
LOC #	STREET	123 Main St #234	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	\$12,345.67
Commer	CommercialStructure_PhysicalAddress_LineTwo_D[0]		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	BusinessInformation_FullTimeEmpl	OCCUPIED AREA:	BuildingOccupancy SQ FT
Bldg #	CITY:	San Francisco	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	BusinessInformation_PartTimeEmpl	OPEN TO PUBLIC AREA:	BuildingOccupancy SQ FT
County	COUNTY:	CommercialStructure_PhysicalAddress_LineTwo_D[0]	<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> COMMERCIAL-STRUCTURE-INSURED-INTEREST	BusinessInformation_PartTimeEmpl	TOTAL BUILDING AREA:	BuildingOccupancy SQ FT
DESCRIPTION OF OPERATIONS:		BuildingOccupancy_OperationsDescription_D[0]		EmployeeCount_D[0]		ANY AREA LEASED TO OTHERS? Y/N	

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input checked="" type="checkbox"/> MANUFACTURING	<input checked="" type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	BusinessInformation_BusinessType_OtherDescription_A[0]	DATE BUSINESS STARTED (MM/DD/YYYY)	05/02/2024
<input checked="" type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input checked="" type="checkbox"/> OFFICE	<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> WHOLESALE			

DESCRIPTION OF PRIMARY OPERATIONS

CommercialPolicy_OperationsDescription_A[0]

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

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	RANK	EVIDENCE	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	AdditionalInterest_FullName_A[0]						LOCATION: AdditionalInterest_Location_A[0]
<input checked="" type="checkbox"/> BREACH OF WARRANTY	123 Main St #234						VEHICLE: AdditionalInterest_Vehicle_A[0]
<input checked="" type="checkbox"/> CO-OWNER	AdditionalInterest_MailingAddress_LineTwo_A[0]						AIRPORT: AdditionalInterest_Airport_A[0]
<input checked="" type="checkbox"/> EMPLOYEE AS LESSOR	San Francisco			CA	94106	AdditionalInterest_MailingAddress_LineTwo_A[0]	AIRCRAFT: AdditionalInterest_Aircraft_A[0]
<input checked="" type="checkbox"/> LEASEBACK OWNER							ITEM CLASS: AdditionalInterest_ItemClass_A[0]
<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: AdditionalInterest_AccountNumberIdentifier_A[0]			INTEREST END DATE: 05/02/2024			ITEM DESCRIPTION: AdditionalInterest_ItemDescription_A[0]
<input checked="" type="checkbox"/> AdditionalInterest_OtherDescription_A[0]	LIEN AMOUNT: \$12,345.67			PHONE (A/C, No, Ext): (555) 444-3333			FAX (A/C, No, Ext): (555) 444-3333
REASON FOR INTEREST: AdditionalInterest_InterestReasonDescription_A[0]				E-MAIL ADDRESS: testy@example.com			AdditionalInterest_ItemClassCode_A[0]

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 BusinessInformation_ParentOrganizationName_A[0]		RELATIONSHIP DESCRIPTION Subsidiary_ParentSubsidiaryRelationshipDescription_A[0]		% OWNED 50.3%		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?						CommercialPolicy_Question_AA
SUBSIDIARY COMPANY NAME Subsidiary_OrganizationName_A[0]		RELATIONSHIP DESCRIPTION Subsidiary_ParentSubsidiaryRelationshipDescription_B[0]		% OWNED 50.3%		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?						CommercialPolicy_Question_KA
<input checked="" type="checkbox"/>	SAFETY MANUAL	<input checked="" type="checkbox"/>	SAFETY POSITION	<input checked="" type="checkbox"/>	MONTHLY MEETINGS	<input checked="" type="checkbox"/>
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 OtherPolicy_LineOfBusinessCode_A[0]		POLICY NUMBER OtherPolicy_PolicyNumberIdentifier_A[0]				
OtherPolicy_LineOfBusinessCode_B[0]		OtherPolicy_PolicyNumberIdentifier_B[0]				
OtherPolicy_LineOfBusinessCode_C[0]		OtherPolicy_PolicyNumberIdentifier_C[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
<input checked="" type="checkbox"/>	NON-PAYMENT	<input checked="" type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	<input checked="" type="checkbox"/>	CancelNonRenew_OtherDescription_A[0]	
<input checked="" type="checkbox"/>	NON-RENEWAL	<input checked="" type="checkbox"/>	UNDERWRITING	<input checked="" type="checkbox"/>	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? (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_Question_KA
CommercialPolicy_PastFiveYearsAnyApplicantIndictedOrConvictedFraudBriberyArsonExplanation_A[0]						
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?						CommercialPolicy_Question_AA
OCCUR DATE	EXPLANATION	RESOLUTION		RESOLVE DATE		
05/02/2024	CommercialPolicy_UncorrectedFireCodeViolationExplanation_A[0]	CommercialPolicy_UncorrectedFireCodeViolation_ResolutionDescription_A[0]		05/02/2024		
05/02/2024	CommercialPolicy_UncorrectedFireCodeViolationExplanation_B[0]	CommercialPolicy_UncorrectedFireCodeViolation_ResolutionDescription_B[0]		05/02/2024		
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		
05/02/2024	CommercialPolicy_ForeclosureRepossessionBankruptcyExplanation_A[0]	CommercialPolicy_ForeclosureRepossessionBankruptcy_ResolutionDescription_A[0]		05/02/2024		
05/02/2024	CommercialPolicy_ForeclosureRepossessionBankruptcyExplanation_B[0]	CommercialPolicy_ForeclosureRepossessionBankruptcy_ResolutionDescription_B[0]		05/02/2024		
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?						CommercialPolicy_Question_KA
OCCUR DATE	EXPLANATION	RESOLUTION		RESOLVE DATE		
05/02/2024	CommercialPolicy_JudgementOrLienExplanation_A[0]	CommercialPolicy_JudgementOrLien_ResolutionDescription_A[0]		05/02/2024		
05/02/2024	CommercialPolicy_JudgementOrLienExplanation_B[0]	CommercialPolicy_JudgementOrLien_ResolutionDescription_B[0]		05/02/2024		
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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)						CommercialPolicy_Question_KA
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?						CommercialPolicy_Question_KA
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_KA
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]

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
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

☒ 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 3 YEARS (Amount_A[0])

TOTAL LOSSES: \$ \$12,345.67

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N
05/02/2024	LossHistory_LineOfBusiness_C[0]	LossHistory_OccurrenceDescription_A[0]	05/02/2024	\$12,345.67	\$12,345.67	History_ClaimStatus_C[0]	History_ClaimStatus_C[0]
05/02/2024	LossHistory_LineOfBusiness_C[0]	LossHistory_OccurrenceDescription_B[0]	05/02/2024	\$12,345.67	\$12,345.67	History_ClaimStatus_C[0]	History_ClaimStatus_C[0]
05/02/2024	LossHistory_LineOfBusiness_C[0]	LossHistory_OccurrenceDescription_C[0]	05/02/2024	\$12,345.67	\$12,345.67	History_ClaimStatus_C[0]	History_ClaimStatus_C[0]

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) 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]