

# ACORD™ BUSINESS OWNERS APPLICATION

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE
		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
CODE:	SUBCODE:	NEW RNWL	EFFECTIVE DATE
		EXPIRATION DATE	DIRECT BILL
			PAYMENT PLAN
AGENCY CUSTOMER ID		QUOTE	ISSUE POLICY
		POLICY TYPE	DEPOSIT
		BOUND (DATE):	STD SPEC OTHER \$

## APPLICANT INFORMATION

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

## NATURE OF BUSINESS

OFFICE SERVICE	RETAIL WHOLESALE	APARTMENTS CONDOMINIUMS	RESTAURANT CONTRACTOR	YRS IN BUS	CLASS CODE	RATE #	RATE GROUP
# OF EMPLOYEES	HOURS OF OPERATION			ANNUAL SALES/RECEIPTS		TOTAL PAYROLL	
				\$		\$	
DESCRIPTION OF OPERATIONS/ OCCUPANCY							

## PREMISES

ADDRESS (Street, City, State)	PREM #:	BLDG #:	CHECK IF PRIMARY PREMISES	INTEREST	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
				OWNER				
				TENANT				
				YEAR BUILT	SQUARE FEET	ANY AREA LEASED?		
						YES	NO	
				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS?
						FT	MI	YES NO
COUNTY:		ZIP:						

## PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE				TOT SQ FT AREA	
				FVRC				# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT?	YES	NO
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$				IS IT FINISHED?	YES	NO
				FVRC									
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	COMM SPEC	TAX CODE	WIND CLASS				
									RESISTIVE	SEMI-RESISTIVE	OTHER		

## LIABILITY (Choose the limit options compatible with the program you are requesting)

COMBINED SINGLE LIMIT	\$	PROFESSIONAL LIABILITY	\$	HIRED AUTO	\$
BODILY INJURY & PROP DAMAGE	OCCURRENCE \$	LIQUOR LIABILITY	\$	NON-OWNED AUTO	\$
	AGGREGATE \$		\$	EMPLOYEE BENEFITS	\$
MEDICAL EXPENSE (PER PERSON)	\$		\$		\$
FIRE DAMAGE	\$		\$		\$

DEDUCTIBLE \$	APPLICABLE TO:	\$	APPLICABLE TO:	CLASS CODE	AMOUNT	PREMIUM BASIS	BASIS CODE	(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other
CLASSIFICATION					\$			
					\$			
					\$			

## PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST 3 YRS	TOTAL LOSSES \$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

**ADDITIONAL COVERAGES - Total Amount of Coverage Desired**

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	\$	\$		MONEY & SEC-INSIDE	\$	\$			\$	\$	
LOSS OF INC	\$	\$		MONEY & SEC-OUTSIDE	\$	\$			\$	\$	
VAL PAPERS	\$	\$		SPOILAGE	\$	\$			\$	\$	
ACCNTS REC	\$	\$		COMPUTERS	\$	\$			\$	\$	
SIGN	\$	\$		ORD OR LAW	\$	\$		B & M BASIC	\$	\$	
EMPL DISHON	\$	\$		ERISA	\$	\$		B & M BROAD	\$	\$	
BRG/ROB STK	\$	\$		FLOOD	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB MNY	\$	\$		EARTHQUAKE	\$	\$			\$	\$	
GLASS	LOCATION IN BUILDING		# PANES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED	
	GROUND FLOOR GLASS								\$	\$	
	ABOVE GROUND FLOOR GLASS								\$	\$	

**GENERAL INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES		YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES		YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				11. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?			
2. ARE ATHLETIC TEAMS SPONSORED?				12. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?				13. FOR RETAIL STORES, DOES INSTALLATION, SERVICE OR REPAIR WORK ACCOUNT FOR MORE THAN 15% OF RECEIPTS?			
4. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				14. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO				<b>DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED</b>			
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?							
7. ANY WORKERS COMPENSATION CARRIED?							
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?							
9. IS THERE A SWIMMING POOL ON THE PREMISES? (IF YES, FENCED, LIMITED ACCESS, DIVING BOARD OR SLIDE, LIFE GUARD?)							
10. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)							

**MECHANICAL EQUIPMENT**

	YES	NO		YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)			3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.		
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:			4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?		

**SPECIALTY PROGRAMS**

APARTMENTS AND CONDOMINIUMS		YES	NO	RESTAURANTS	
1. IS THERE A PLAYGROUND ON PREMISES?				(ATTACH ACORD 185 FOR EACH LOCATION)	
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)				<b>CONTRACTORS</b>	
3. # UNITS PER BUILDING OR FIRE DIVISION: # OWNER OCCUPIED:				(ATTACH ACORD 186 FOR EACH LOCATION)	
4. INDICATE WHERE COVERAGE APPLIES TO:				<b>PROFESSIONAL LIABILITY</b>	
5. SMOKE DETECTORS:	NONE	BATTERY	WIRED	(ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS)	
6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.					
7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?					
8. IS A PROPERTY MANAGER EMPLOYED?					

**CRIME**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
HOLD-UP	LOCAL GONG		SAFE/VAULT	PREMISES ALARM			UL
	PREMISES		CNTRL STAT W/ KEYS	PARTIAL	1		2
SAFE/VAULT	CNTRL STAT W/O KEYS		COMPLETE				CLASS
	POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?		SAFE DOOR CONSTRUCTION	
\$	\$	\$		YES	NO		
<b>OTHER PROTECTION</b> (Lighting, fences, watchpersons, etc)							

**ADDITIONAL INTEREST**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

**REMARKS**

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**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

<b>APPLICANT'S SIGNATURE</b>		<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>	
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