

# ACORD<sup>TM</sup> BUSINESS OWNERS APPLICATION

DATE

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY				NAIC CODE	
	COMPANY POLICY OR PROGRAM NAME				PROGRAM CODE:	
					BLANKET RATE	YES NO
CODE:	SUB CODE:	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY 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	RETAIL	APARTMENTS	RESTAURANT	YRS IN BUS
SERVICE	WHOLESALE	CONDOMINIUMS	CONTRACTOR	
DESCRIPTION OF OPERATIONS/ OCCUPANCY				

## 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)			10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?		
2. ARE ATHLETIC TEAMS SPONSORED?			11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?			12. FOR RETAIL STORES, DOES INSTALLATION, SERVICE OR REPAIR WORK ACCOUNT FOR MORE THAN 15% OF RECEIPTS?		
4. DURING THE LAST FIVE YEARS, (TEN IN RI), 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)			13. 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			DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED		
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. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)					

## PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

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

## 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

**PREMISES**

ADDRESS (Street, City, State)		PREM #:	BLDG #:	<input type="checkbox"/> CHECK IF PRIMARY PREMISES	INTEREST	AREA OCCUPIED	SURROUNDING EXPOSURES & OTHER OCCUPANCIES				
					<input type="checkbox"/> OWNER	PERCENTAGE					
					<input type="checkbox"/> TENANT						
					YEAR BUILT	SQUARE FEET					
							ANY AREA LEASED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
COUNTY:		ZIP:			PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS?	
							FT	MI		<input type="checkbox"/> YES	<input type="checkbox"/> NO
# OF EMPLOYEES		HOURS OF OPERATION				ANNUAL SALES/RECEIPTS		TOTAL PAYROLL			
						\$		\$			
YRS IN BUS	CLASS CODE	RATE #	RATE GROUP								

**PROPERTY**

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

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

COMBINED SINGLE LIMIT	\$	PROFESSIONAL LIABILITY	\$	HIRED AUTO	\$
BODILY INJURY & PROP DAMAGE	AGGREGATE \$	LIQUOR LIABILITY		NON-OWNED AUTO	\$
MEDICAL EXPENSE (PER PERSON)	\$	GEN. AGGREGATE	\$	EMPLOYEE BENEFITS	\$
DAMAGE TO RENTAL PREMISES	\$	PER PERSON	\$		\$
		OTHER	\$		\$

**DEDUCTIBLE \$ % APPLICABLE TO:**

CLASSIFICATION	CLASS CODE	AMOUNT	PREMIUM 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
		\$			
		\$			
		\$			

**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	\$	\$		B & M BASIC	\$	\$	
LOSS OF INC VAL PAPERS	\$	\$		MONEY & SEC OUTSIDE	\$	\$		B & M BROAD	\$	\$	
ACCNTS REC	\$	\$		SPOILAGE	\$	\$		B & M SPOILAGE	\$	\$	
SIGN	\$	\$		COMPUTERS	\$	\$			\$	\$	
EMPL DISHON	\$	\$		ORD OR LAW	\$	\$			\$	\$	
BRG/ROB STK	\$	\$		ERISA	\$	\$			\$	\$	
BRG/ROB MNY	\$	\$		FLOOD	\$	\$			\$	\$	
				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								\$	\$	

**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?		

**SWIMMING POOL**

1. IS THERE A SWIMMING POOL ON THE PREMISES? (IF YES, FENCED, LIMITED ACCESS, DIVING BOARD OR SLIDE, LIFE GUARD?)	YES	NO
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**REMARKS**

**SPECIALTY PROGRAMS**

<b>APARTMENTS AND CONDOMINIUMS</b>		<b>YES</b>	<b>NO</b>	<b>RESTAURANTS</b>
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:		BARE WALLS	FINISHED WALLS	<b>PROFESSIONAL LIABILITY</b>
5. SMOKE DETECTORS:		NONE	BATTERY	WIRED
6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.		(ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS)		
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
			SAFE/VAULT	PREMISES ALARM			
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/KEYS		<input type="checkbox"/>	PARTIAL			<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/>	COMPLETE			<b>CLASS</b>
<input type="checkbox"/>	<input type="checkbox"/> 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	
\$	\$	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

OTHER PROTECTION  
(Lighting, fences, watchpersons, etc)

**REMARKS**

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT 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. 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, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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