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P O Box 749

South Bend IN 46624-0749



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
PHONE (A/C, No, Ext):	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
FAX (A/C, No):	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
E-MAIL ADDRESS:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
CODE:	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
AGENCY CUSTOMER ID:	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

<b>STATUS OF TRANSACTION</b>		<b>PACKAGE POLICY INFORMATION</b>				
QUOTE	ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):	RENEW	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME		DIRECT BILL		
CANCEL				AGENCY BILL		

<b>APPLICANT INFORMATION</b>		NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
E-MAIL ADDRESS(ES):				PHONE (A/C, No, Ext):			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC	CR BUREAU NAME	ID NUMBER	WEBSITE ADDRESS(ES):	
PARTNERSHIP	JOINT VENTURE		NO. OF MEMBERS AND MANAGERS			DATE BUS STARTED	
INSPECTION CONTACT				ACCOUNTING RECORDS CONTACT			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

<b>PREMISES INFORMATION</b>										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
					INSIDE	OWNER				
					OUTSIDE	TENANT				
					INSIDE	OWNER				
					OUTSIDE	TENANT				

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>

<b>GENERAL INFORMATION</b>	
EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	
4. ANY CATASTROPHE EXPOSURE?	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	
EXPLAIN ALL "YES" RESPONSES	YES NO
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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).	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	

<b>REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)</b>	
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, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)	
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.	

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL COMMERCIAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILE LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
							OPEN
							CLOSED
							OPEN
							CLOSED

<b>REMARKS</b>	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	<b>ATTACHMENTS</b>
		STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**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 FOR INSURANCE AND SUBSEQUENT POLICY 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. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

PRODUCER	APPLICANT (First Named Insured)			
	EFFECTIVE DATE	EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN
			AGENCY	
			DIRECT	
FOR COMPANY USE ONLY				

**PREMISES INFORMATION**

LOCATION NUMBER:		BUILDING NUMBER:			
SUBJECT OF INSURANCE	LIMIT OF INSURANCE	VALUATION TYPE	COIN %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
EQUIPMENT (HARDWARE) - OWNED	\$	<input type="checkbox"/> ACV <input type="checkbox"/> OTHER <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) - LEASED (attach contract)	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) IN TRANSIT	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RC		\$	
MEDIA/DATA (SOFTWARE)	\$	<input type="checkbox"/> REPRODUCTION		\$	
MEDIA/DATA (SOFTWARE) IN TRANSIT	\$	<input type="checkbox"/> REPRODUCTION		\$	
EXTRA EXPENSE	\$	PERIOD OF RESTOR.		\$	
BUSINESS INTERRUPTION	\$	PER DAY LMT # DAYS		DOLLAR \$ WAITING PERIOD HRS:	
MECHANICAL BREAKDOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
PROTECTION AND CONTROL SYSTEM	\$			\$	
OTHER	\$			\$	
FLOOD COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF EQUIPMENT <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> GROUND LEVEL	EARTHQUAKE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ZONE <input type="text"/>	
BUILDING CONSTRUCTION TYPE		PROT CLASS	# OF STORIES	YEAR BUILT	

**SCHEDULE OF EQUIPMENT**

LOC. #	BLDG #	ITEM #	MANUFACTURER	MODEL	SERIAL #	LEASED OR OWNED	CURRENT FULL 100% VALUE	AMOUNT OF INSUR. (COINSURANCE %)
<b>TOTALS</b>								

**REMARKS**

**GENERAL INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO
1. IN THE EVENT OF A MAJOR OR TOTAL LOSS COULD YOU RETURN TO OPERATION WITHIN ONE WEEK?			7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE?		
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)			8. IS THE MEDIA/DATA SHIPPED BY COMMON CARRIER?		
3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?			9. IS THE MEDIA/DATA SHIPPED BY COMPANY VEHICLE?		
4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?			10. DOES THE PREMISES HAVE A BURGLAR ALARM?		
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR?			11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS?		
6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?			UNINTERRUPTIBLE POWER SOURCE		
			LINE CONDITIONER		
			POWER SUPPRESSOR VOLTAGE REGULATOR		
			DEDICATED LINE		

**COMPUTER ROOM INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO
1. IS THE DATA PROCESSING EQUIPMENT LOCATED IN A SPECIFICALLY DESIGNATED ROOM?			6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR?		
2. IS ACCESS TO THE ROOM RESTRICTED?			FLOOR CONSTRUCTION TYPE		
3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?			<input type="checkbox"/> COMBUSTIBLE	<input type="checkbox"/> NON-COMBUSTIBLE	
4. IS THERE A SEPARATE AIRCONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?			BELOW FLOOR PROTECTION		
5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS:			<input type="checkbox"/> SMOKE DETECTORS	<input type="checkbox"/> OTHER	
<input type="checkbox"/> NONE			<input type="checkbox"/> HALON SYSTEM/CO <sub>2</sub> SYSTEM	<input type="checkbox"/> NONE	
<input type="checkbox"/> WET SPRINKLER			7. ALARM TYPE	TEMPER.	HUMIDITY
<input type="checkbox"/> DRY SPRINKLER SYSTEM			<input type="checkbox"/> LOCAL		SMOKE
<input type="checkbox"/> HALON			<input type="checkbox"/> CENTRAL		FIRE
<input type="checkbox"/> CO <sub>2</sub>					
<input type="checkbox"/> OTHER					

**MEDIA AND DATA (SOFTWARE) INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO			
1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT?			3. HOW OFTEN IS DATA BACKED UP?		
2. ARE DUPLICATES OF SOFTWARE MAINTAINED?			<input type="checkbox"/> DAILY		
			<input type="checkbox"/> WEEKLY		
			<input type="checkbox"/> MONTHLY		
			<input type="checkbox"/> QUARTERLY		
			<input type="checkbox"/> YEARLY		
			<input type="checkbox"/> OTHER		
<b>SOFTWARE DUPLICATES &amp; DATA BACKUP STORAGE</b>					
<b>DUPLICATE SOFTWARE</b>		<b>DATA BACKUPS</b>		<b>ON PREMISES LOCATION INFORMATION</b>	
<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> SAFE	<input type="checkbox"/> COMPUTER ROOM		
<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/> VAULT	<input type="checkbox"/> OTHER		
NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION					

**ADDITIONAL INTEREST**

INTEREST	NAME AND ADDRESS	INTEREST IN ITEM
<input type="checkbox"/> ADDITIONAL INSURED		LOCATION #:
<input type="checkbox"/> LOSS PAYEE		BUILDING #:
<input type="checkbox"/> MORTGAGEE		ITEM #:
<input type="checkbox"/> LIENHOLDER		OTHER:
<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFICATE REQUIRED	REFERENCE #:	
INTEREST	NAME AND ADDRESS	INTEREST IN ITEM
<input type="checkbox"/> ADDITIONAL INSURED		LOCATION #:
<input type="checkbox"/> LOSS PAYEE		BUILDING #:
<input type="checkbox"/> MORTGAGEE		ITEM #:
<input type="checkbox"/> LIENHOLDER		OTHER:
<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFICATE REQUIRED	REFERENCE #:	

**REMARKS**

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