



# 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/<br>VALUABLE PAPERS | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION |                  |
| CODE:                 | CRIME/MISCELLANEOUS CRIME               | BUSINESS AUTO                | UMBRELLA             |                  |
| AGENCY CUSTOMER ID:   | TRANSPORTATION/<br>MOTOR TRUCK CARGO    | TRUCKERS/MOTOR CARRIER       |                      |                  |

**STATUS OF TRANSACTION****PACKAGE POLICY INFORMATION**

|                                       |                                       |                                |  |                   |              |
|---------------------------------------|---------------------------------------|--------------------------------|--|-------------------|--------------|
| QUOTE <input type="checkbox"/>        | ISSUE POLICY <input type="checkbox"/> | RENEW <input type="checkbox"/> | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. |                   |              |
| BOUND (Give Date and/or Attach Copy): |                                       |                                | PROPOSED EFF DATE  | PROPOSED EXP DATE | BILLING PLAN |
| CHANGE                                | DATE                                  | TIME                           |  |                   | DIRECT BILL  |
| CANCEL                                |                                       |                                |  |                   | AGENCY BILL  |
|                                       |                                       |                                |  |                   | AUDIT        |

**APPLICANT INFORMATION**

|   |  |  |                              |   |                  |
|---|--|--|------------------------------|---|------------------|
| NAME (First Named Insured & Other Named Insureds) |  | FEIN OR SOC SEC # (of First Named Insured):                            |                              | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) |                  |
|   |  | PHONE (A/C, No, Ext):  |                              |   |                  |
| E-MAIL ADDRESS(ES):                               |  |  |                              | WEBSITE ADDRESS(ES):                                |                  |
| INDIVIDUAL <input type="checkbox"/>               | CORPORATION <input type="checkbox"/>   | SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> | LLC <input type="checkbox"/> | CR BUREAU NAME                                      | ID NUMBER        |
| PARTNERSHIP <input type="checkbox"/>              | JOINT VENTURE <input type="checkbox"/> |  | 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:                                     |                  |

**PREMISES INFORMATION**

| 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   |          |             |                 |               |

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

|  |
|--|
|  |
|--|

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES   | YES | NO | EXPLAIN ALL "YES" RESPONSES  | YES | NO |
|---|-----|----|--|-----|----|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?   |     |    | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?  |     |    |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?   |     |    | 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?<br>(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). |     |    |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?   |     |    | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS?   |     |    |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?   |     |    | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?   |     |    |
| 4. ANY CATASTROPHE EXPOSURE?  |     |    | 11. HAS BUSINESS BEEN PLACED IN A TRUST?<br>IF YES, NAME OF TRUST:   |     |    |
| 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) |     |    |  |     |    |

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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|  |
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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 |
|-----------------------|------|----------------------|--------------------------|

**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)

| 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> | <b>NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY</b> | <b>ATTACHMENTS</b> |
|                |   |                    |

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.



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

|                     |                          |                                    |                 |                            |              |       |
|---------------------|--------------------------|------------------------------------|-----------------|----------------------------|--------------|-------|
| AGENCY              | PHONE<br>(A/C, No, Ext): | APPLICANT<br>(First Named Insured) |                 |                            |              |       |
|                     | FAX<br>(A/C, No):        |                                    |                 |                            |              |       |
| CODE:               | SUB CODE:                | EFFECTIVE DATE                     | EXPIRATION DATE | DIRECT BILL<br>AGENCY BILL | PAYMENT PLAN | AUDIT |
| AGENCY CUSTOMER ID: |                          | FOR COMPANY USE ONLY               |                 |                            |              |       |

**COVERAGES****LIMITS**

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE |  | GENERAL AGGREGATE \$<br>PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$<br>PERSONAL & ADVERTISING INJURY \$<br>EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (each occurrence) \$<br>MEDICAL EXPENSE (Any one person) \$<br>EMPLOYEE BENEFITS \$ | PREMIUMS<br>PREMISES/OPERATIONS<br>PRODUCTS<br>OTHER<br>TOTAL |
| <b>DEDUCTIBLES</b><br>PROPERTY DAMAGE \$<br>BODILY INJURY \$  |  | PER CLAIM<br>PER OCCURRENCE   |   |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

**SCHEDULE OF HAZARDS**

| LOCATION # | CLASSIFICATION | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE     |          | PREMIUM  |          |
|------------|----------------|------------|---------------|----------|------|----------|----------|----------|----------|
|            |                |            |               |          |      | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |
|            |                |            |               |          |      |          |          |          |          |

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES    (P) PAYROLL - PER \$1,000/PAY    (C) TOTAL COST - PER \$1,000/COST    (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT    (M) ADMISSIONS - PER 1,000/ADM    (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)****EMPLOYEE BENEFITS LIABILITY**

|  |  |
|--|--|
| 1. PROPOSED RETROACTIVE DATE:  | 1. DEDUCTIBLE PER CLAIM: \$                                |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:  | 2. NUMBER OF EMPLOYEES:                                    |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?  | 4. RETROACTIVE DATE:                                       |
| REMARKS  | REMARKS  |

**CONTRACTORS**

| EXPLAIN ALL "YES" RESPONSES (For past or present operations)                          |                             | YES                      | NO | EXPLAIN ALL "YES" RESPONSES (For past or present operations)                                 |                    | YES | NO |
|---|-----------------------------|--------------------------|----|--|--------------------|-----|----|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?                  |                             |                          |    | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?                         |                    |     |    |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?         |                             |                          |    | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? |                    |     |    |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? |                             |                          |    | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?                       |                    |     |    |
| REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED                                       | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: |    | # FULL-TIME STAFF:   | # PART-TIME STAFF: |     |    |

**PRODUCTS/COMPLETED OPERATIONS**

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
|          |                    |            |                |               |              |                      |
|          |                    |            |                |               |              |                      |
|          |                    |            |                |               |              |                      |

| EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) |  | YES | NO | EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) |  | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?                |  |     |    | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?                               |  |     |    |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?                 |  |     |    | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?           |  |     |    |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?             |  |     |    | 8. PRODUCTS UNDER LABEL OF OTHERS?   |  |     |    |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?                       |  |     |    | 9. VENDORS COVERAGE REQUIRED?  |  |     |    |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?                            |  |     |    | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?                    |  |     |    |
| PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC                 |  |     |    |  |  |     |    |

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

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

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)  |  | YES | NO | EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   |  | YES | NO |
|---|--|-----|----|--|--|-----|----|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?   |  |     |    | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   |  |     |    |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?   |  |     |    | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  |  |     |    |
| 3. 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) |  |     |    | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?   |  |     |    |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?  |  |     |    | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   |  |     |    |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?   |  |     |    | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  |  |     |    |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?  |  |     |    | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?  |  |     |    |
| 7. ANY PARKING FACILITIES OWNED/RENTED?   |  |     |    | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?                           |  |     |    |
| 8. IS A FEE CHARGED FOR PARKING?  |  |     |    | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?   |  |     |    |
| 9. RECREATION FACILITIES PROVIDED?  |  |     |    | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? |  |     |    |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES?   |  |     |    |  |  |     |    |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED?  |  |     |    |  |  |     |    |
| REMARKS   |  |     |    |  |  |     |    |

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).



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**QUESTIONNAIRE – GOLF COURSE**

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Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Proposed Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Named insured's Social Security Number: (if Corporation: Name, title and Social Security number of officers and principal stockholders: \_\_\_\_\_)

1. Golf gross receipts:

|                         |          |
|-------------------------|----------|
| Green fees              | \$ _____ |
| Membership fees         | \$ _____ |
| Locker fees             | \$ _____ |
| Pro shop                | \$ _____ |
| Golf club rental        | \$ _____ |
| Golf cart rental        | \$ _____ |
| Driving range receipts  | \$ _____ |
| Cross country skiing    | \$ _____ |
| Miscellaneous (explain) | \$ _____ |

\_\_\_\_\_

\_\_\_\_\_

2. Food sales gross receipts:

|                              |          |
|------------------------------|----------|
| Food gross sales             | \$ _____ |
| Beverage gross sales         | \$ _____ |
| Banquet gross sales          | \$ _____ |
| Beer/wine/liquor gross sales | \$ _____ |

TOTAL OF 1 AND 2: \$ \_\_\_\_\_

(Restaurant questionnaire required for restaurant exposures.)

3. Do you have any outstanding tax liens?  Yes  No  
(ie: property, sales, wage withholding, bankruptcy)  
If yes, explain: \_\_\_\_\_

4. Apartment:: Number of units: \_\_\_\_\_

5. Are tenants required to have liability insurance?  Yes  No

6. Dwellings: Number of units: \_\_\_\_\_



7. Swimming Pools:  Yes #\_\_\_  No  
 (Risks with diving boards, water slides or other water recreational equipment not acceptable)
- Lifeguard:  Yes  No  
 Fence: If yes, height: \_\_\_\_\_  Yes  No  
 Swim teams:  Yes  No
8. Tennis courts:  Yes #\_\_\_  No
9. Volleyball courts:  Yes #\_\_\_  No
10. Horseshoe pits:  Yes #\_\_\_  No
11. Months of operation: \_\_\_\_\_
12. Describe special events: \_\_\_\_\_  
 Gross receipts: \$\_\_\_\_\_
13. Explain off-season operations: \_\_\_\_\_  
 \_\_\_\_\_
14. Is coverage desired for greens, bridges, culverts?  Yes  No  
 If yes, refer to underwriting guide.

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

\_\_\_\_\_  
Applicant Signature Title Date

\_\_\_\_\_  
Producer Signature Date

\_\_\_\_\_  
Producer Name and Address



## CHECKLISTS

- Financial statement
- Acord application
- Equipment schedule (owned or leased)
  - Golf carts
  - Ground maintenance
- Claim history
- Restaurant/tavern questionnaire



## RESTAURANTS & BARS/NIGHTCLUBS/TAVERNS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

If the business maintains a web site, state the address: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

1. Do you have any armed security staff?  Yes  No
2. Is the business considered a punk, rap, or underground bar? Do you allow stage diving or mosh pits?  Yes  No

### GENERAL INFORMATION

3. Type of business:

|                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Restaurant   | <input type="checkbox"/> Night Clubs | <input type="checkbox"/> Banquet Facilities        |
| <input type="checkbox"/> Bar/Lounge   | <input type="checkbox"/> Cafeteria   | <input type="checkbox"/> Pool Hall/Billiard Parlor |
| <input type="checkbox"/> Private Club | <input type="checkbox"/> Sports Bar  | <input type="checkbox"/> Full Bottle Service       |
| <input type="checkbox"/> Other: _____ |                                      |  |

4. Annual gross sales: \$ \_\_\_\_\_ Split by %: \_\_\_\_\_ % food \_\_\_\_\_ % liquor \_\_\_\_\_ % catering
5. Business hours: S: \_\_\_\_\_ M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ T: \_\_\_\_\_ F: \_\_\_\_\_ S: \_\_\_\_\_
6. Clientele age:  18-21  21-25  25-35  35-50  Over 50
7. Clientele origins:  Local residents  College  Families  Transient
8. Do you serve alcoholic beverages?  
Percent of total sales that are alcohol sales  Yes  No
9. Do you have a liquor liability insurance policy?  Yes  No
10. Do you have any mechanical or amusement rides?  Yes  No
11. Does the business attract a younger clientele or is it located near a college campus?  Yes  No
12. Do you provide adult entertainment and offer internet sales of non-clothing items or any "closed off" private rooms?  Yes  No
13. Management's years of experience: \_\_\_\_\_  
Management's years at this location: \_\_\_\_\_
14. Has insured owned or managed another establishment in the past 10 years?  Yes  No  
If yes, explain: \_\_\_\_\_
15. Is your building located on a wharf, pier, beach, dock, or on pilings?  Yes  No
16. Do you ever participate in street fairs, community celebrations or special events?  
If yes, explain: \_\_\_\_\_
17. Do you deliver food?  Yes  No

18. Is there a homemade stove or a woodburning stove that is not installed in accordance with manufacturer's specifications?  Yes  No
19. Is your property vacant, being renovated, deteriorating, or involved in foreclosure?  Yes  No  
 If yes, explain: \_\_\_\_\_
20. Does anyone live on the premises? If so, who: \_\_\_\_\_  Yes  No
21. Have there been any public code violations or health department actions against the establishment?  Yes  No  
 If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

1. Live entertainment?  Yes  No  
 If yes, describe (include type and frequency): \_\_\_\_\_
2. Dance floor? If yes, describe (include square footage, raised or sunken, lighting):  Yes  No  
 \_\_\_\_\_
3. Arcade games or sports competitions?  Yes  No  
 If yes, describe and give number of each (i.e. darts, pool, video games, volleyball, basketball, etc.):  
 \_\_\_\_\_
4. Do you sponsor any athletic teams or activities? If yes, describe:  Yes  No  
 \_\_\_\_\_
5. Playrooms or playgrounds on premises? If yes, describe  Yes  No  
 \_\_\_\_\_
6. Do you have "foam parties"?  Yes  No

### SECURITY

7. Do you employ "bouncers" or other security personnel?  Yes  No
8. Are the "bouncers" or other security personnel independent contractors?  Yes  No  
 If yes, do they provide their own liability insurance?  Yes  No
9. Are firearms allowed on premises?  Yes  No
10. Have there been any police calls to this establishment in the past 3 years?  Yes  No  
 If yes, give number and reason for the call:  
 \_\_\_\_\_

### COOKING HAZARDS

11. Cooking facilities: Number of...:  
 Ranges: \_\_\_ Ovens: \_\_\_ Deep Fryers: \_\_\_ Grills: \_\_\_ Broilers: \_\_\_ Other: \_\_\_\_\_
12. Is any type of cooking, other than microwave cooking, done on premises?  Yes  No
13. UL approved auto extinguishing system over ALL cooking surfaces and fryers?  Yes  No
14. Do you have at least a semi-annual service contract for auto extinguishing systems?  Yes  No  
 Name of service provider: \_\_\_\_\_
15. Automatic gas or electric shut-off for cooking with manual pull?  Yes  No



- 16. Are hoods and ducts equipped with filters?  Yes  No
- 17. Are filters, hoods, and ducts cleaned at a MINIMUM of every six months?  Yes  No  
Date last cleaned: \_\_\_\_\_  
Name of service provider: \_\_\_\_\_
- 18. Are hoods and ducts cleaned at a MINIMUM of every six months?  Yes  No
- 19. Are portable fire extinguishers (40 BC or type K UL 300 Standard) mounted and accessible to cooking areas?  Yes  No
- 20. Is there tableside cooking or open pit barbecues?  Yes  No

**GENERAL LIABILITY INFORMATION**

- 21. Number of exits: \_\_\_\_\_
  - a. Are all exits marked with exit signs?  Yes  No
  - b. Are all exits equipped with panic door hardware?  Yes  No  
If no, are all exits kept unlocked during business hours?  Yes  No
- 22. Is there emergency lighting?  Yes  No
- 23. Is the main event area hall or dance floor on street level?  Yes  No

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Applicant Signature Title Date

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Producer Signature Date

\_\_\_\_\_  
Producer Name and Address