



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

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

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

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

| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) |
|--|
| |

| GENERAL INFORMATION | | | |
|---|-----|----|--|
| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES |
| 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? (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? 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)

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 | |
|--------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| GENERAL LIABILITY | 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 | | | | | | | | | | | | | | | | | |
| AUTOMOBILE | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | 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 | |

| | | |
|----------------|--|-------------------------------------|
| REMARKS | NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | ATTACHMENTS |
| | | 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.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

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

COVERAGES**LIMITS**

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

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**DETECTIVE OR INVESTIGATIVE AGENCY (PRIVATE) & PROCESS SERVERS
 SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location of Operations

| Street and City | State | License Number |
|---|-------|----------------|
| 1. <input type="checkbox"/> same as mailing address | | |
| 2. | | |
| 3. | | |

1. **Errors and Omissions (E&O) Coverage:** Limited E&O Full E&O (limit will match CGL Limit of Liability)

2. **How long has applicant been in business?** _____ years Full-Time Part-Time

3. **Are armed personnel certified for use of firearms?** Yes No N/A

4. **Are background checks completed on new employees prior to employment?** Yes No

If yes, describe procedures used for pre-employment screening: _____

Are these procedures compliant with state and federal requirements? Yes No

5. **Are personnel licensed as required by state and federal agencies?** Yes No N/A

6. **Does applicant provide arson Investigation?** Yes No

7. **Does applicant have bail bond operations?** Yes No

8. **Does applicant provide bodyguard services?** Yes No

9. **Does applicant operate as a bounty hunter?** Yes No

10. **Does applicant repossess personal property (i.e. autos, boats, furnishing, etc.,)?** Yes No

11. **List applicant's five largest clients and the operations performed for each:** _____

12. Operations and Percentage of Receipts (Percentages should total to 100%)

| | |
|--|--|
| ___% Arson Investigation | ___% Insurance Adjusters (Draft Authority \$_____) |
| ___% Bail Bond Operations | ___% Legal |
| ___% Body Guard | ___% Missing Person |
| ___% Bounty Hunting | ___% Parole/Detention Officer |
| ___% Computer Fraud | ___% Polygraph Work |
| ___% Consulting or Testifying as an Expert Witness | ___% Process Servers |
| ___% Corporate—Employee Dishonesty | ___% Records Check |
| ___% Drug Surveillance | ___% Surveillance (describe) |
| ___% Drug Testing | |
| ___% Personal Property Repossession (Autos, etc.) | ___% Undercover Operations (describe) |
| ___% Pre-employment Screening | |
| ___% Domestic | ___% Other Operations (describe) |
| ___% Insurance Claim Investigating | |

13. Does applicant use dogs? Yes No

If yes, explain: _____

How often? _____

| Employee Data | Number | Annual Payroll | Leased or Subcontracted | Number | Annual Cost |
|----------------------|--------|----------------|-------------------------|--------|-------------|
| Owner(s) only | | \$ | Leased Employees | | \$ |
| Employees: Full-Time | | \$ | Independent Contractors | | \$ |
| Part-Time | | \$ | | | |

(Include cost of uninsured subcontractors as employee payroll)

14. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

FRAUD WARNING:

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 applicable in Nebraska, Oregon and Vermont).**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the

purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____