

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:					CONTACT TYPE:										
CONTACT NAME:					CONTACT NAME:										
PRIMARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	<input type="checkbox"/>	SECONDARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	<input type="checkbox"/>
PRIMARY E-MAIL ADDRESS:					PRIMARY E-MAIL ADDRESS:										
SECONDARY E-MAIL ADDRESS:					SECONDARY E-MAIL ADDRESS:										

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET			CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
				<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N <input type="checkbox"/>

NATURE OF BUSINESS

<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/>	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE	<input type="checkbox"/>	
DESCRIPTION OF PRIMARY OPERATIONS											
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:				INSTALLATION, SERVICE OR REPAIR WORK %				OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS											

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:			E-MAIL ADDRESS:				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:55%;">PARENT COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:15%;">% OWNED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				<input type="checkbox"/>						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:55%;">SUBSIDIARY COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:15%;">% OWNED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				<input type="checkbox"/>						
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2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>												
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OSHA	<input type="checkbox"/>												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									<input type="checkbox"/>
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5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)	<input type="checkbox"/>												
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	<input type="checkbox"/>												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>												
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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).	<input type="checkbox"/>												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?	<input type="checkbox"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									<input type="checkbox"/>
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>												
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10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>												
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11. HAS BUSINESS BEEN PLACED IN A TRUST?	<input type="checkbox"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:90%;">NAME OF TRUST</td> </tr> <tr> <td> </td> </tr> </table>	NAME OF TRUST		<input type="checkbox"/>										
NAME OF TRUST													
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	<input type="checkbox"/>												

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

