

<b>ACORD™ BUSINESS OWNERS APPLICATION</b>							DATE	
PRODUCER	PHONE (A/C, No, Ext):		COMPANY				NAIC CODE	
	FAX (A/C, No):							
	CODE:		SUB CODE:		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE: BLANKET RATE    YES    NO
AGENCY CUSTOMER ID		NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN		
		RNWL			AGENCY BILL			
		QUOTE	<input type="checkbox"/> ISSUE POLICY	POLICY TYPE		DEPOSIT		
		BOUND (DATE):	<input type="checkbox"/> STD	<input type="checkbox"/> SPEC	<input type="checkbox"/> OTHER	\$		

<b>APPLICANT INFORMATION</b>						
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

<b>NATURE OF BUSINESS</b>						
<input type="checkbox"/> OFFICE SERVICE	<input type="checkbox"/> RETAIL WHOLESALE	<input type="checkbox"/> APARTMENTS CONDOMINIUMS	<input type="checkbox"/> RESTAURANT CONTRACTOR	<input type="checkbox"/>	<input type="checkbox"/>	YRS IN BUS
DESCRIPTION OF OPERATIONS/ OCCUPANCY						

<b>GENERAL INFORMATION</b>							
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)							

<b>PRIOR POLICY(IES)/LOSS HISTORY</b>		<b>See attached loss summary</b>				
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)						

<b>ADDITIONAL INTEREST</b>						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

<b>REMARKS</b>

**PREMISES**

ADDRESS (Street, City, State)		PREM #:	BLDG #:	<input type="checkbox"/> CHECK IF PRIMARY PREMISES	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES				
					YEAR BUILT	SQUARE FEET					
COUNTY:		ZIP:		PROT CLASS	RATE TERR	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	ANY AREA LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSIDE CITY LIMITS? <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	
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	# STORIES	% SPRNK	BASEMENT PRESENT?		YES	NO
										IS IT FINISHED?		YES	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMM SPEC	TAX CODE	WIND CLASS <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 OCCURRENCE \$	LIQUOR LIABILITY	NON-OWNED AUTO \$			
DAMAGE AGGREGATE \$	GEN. AGGREGATE \$	EMPLOYEE BENEFITS \$			
MEDICAL EXPENSE (PER PERSON) \$	PER PERSON \$	\$			
DAMAGE TO RENTAL PREMISES \$	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	\$	\$		MONEY & SEC OUTSIDE	\$	\$		B & M BROAD	\$	\$	
VAL PAPERS	\$	\$		SPOILAGE	\$	\$		B & M SPOILAGE	\$	\$	
ACCNTS REC	\$	\$		COMPUTERS	\$	\$			\$	\$	
SIGN	\$	\$		ORD OR LAW	\$	\$			\$	\$	
EMPL DISHON	\$	\$		ERISA	\$	\$			\$	\$	
BRG/ROB STK	\$	\$		FLOOD	\$	\$			\$	\$	
BRG/ROB MNY	\$	\$		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	(ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS)		
6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.							
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
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> PREMISES ALARM			<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1	2	3	<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:				
<b>MAXIMUM CASH ON PREMISES</b>	<b>MAXIMUM CASH WITH MESSENGER</b>	<b>MONEY ON PREMISES OVERNIGHT</b>	<b>FREQUENCY OF DEPOSITS</b>	<b>DEADBOLT CYLINDER DOOR LOCKS?</b>		<b>SAFE DOOR CONSTRUCTION</b>	
\$	\$	\$		<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)

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>
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