

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

AGENT NAME: ADDRESS: CITY: STATE: ZIP CODE:	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
INDICATE SECTIONS ATTACHED			POLICY NUMBER	
<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			<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"/> PHONE (A/C, No, Ext): <input type="checkbox"/> FAX (A/C, No): <input type="checkbox"/> E-MAIL ADDRESS: <input type="checkbox"/> CODE: <input type="checkbox"/> SUB CODE: AGENCY CUSTOMER ID:			<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	

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 CANCEL <input type="checkbox"/> PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.					
PROPOSED EFF DATE		PROPOSED EXP DATE		BILLING PLAN <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP+4 (of First Named Insured) STREET: City: State: Zip Code:				
FEIN OR SOC SEC # (of First Named Insured):			PHONE (A/C, No, Ext):		WEBSITE ADDRESS(ES):				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> CR BUREAU NAME	ID NUMBER			DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG		<input type="checkbox"/> NO. OF MEMBERS AND MANAGERS					
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	% OCCUPIED
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				

NATURE OF BUSINESS - DESCRIPTION OF OPERATIONS BY PREMISE(S) USE 10 WORDS OR MORE TO DESCRIBE:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			8. 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). 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: 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)		
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)					
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?					

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
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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)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

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.

AGENTS NAME: ADDRESS: CITY: STATE: ZIP: PHONE: FAX:	APPLICANT (First Named Insured) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:20%;">PROPOSED EFF. DATE</td> <td style="width:20%;">PROPOSED EXP. DATE</td> <td style="width:20%;">BILLING PLAN</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DIRECT</td> <td></td> <td></td> </tr> </table> FOR COMPANY USE ONLY	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			AGENCY					DIRECT		
PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT												
		AGENCY														
		DIRECT														

INTEREST APPLICANT IS: <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> OTHER <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY	TYPE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> TRANSPORTATION</td> <td style="width:33%;"><input type="checkbox"/> OPEN</td> <td rowspan="2" style="width:34%;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> MOTOR TRUCK CARGO</td> <td><input type="checkbox"/> ANNUAL</td> </tr> <tr> <td><input type="checkbox"/> LEGAL LIABILITY</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> OPEN	OTHER	<input type="checkbox"/> MOTOR TRUCK CARGO	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> LEGAL LIABILITY		
<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> OPEN	OTHER							
<input type="checkbox"/> MOTOR TRUCK CARGO	<input type="checkbox"/> ANNUAL								
<input type="checkbox"/> LEGAL LIABILITY									

TRANSPORTATION

OPERATIONS (Motor truck cargo legal liability on reverse side)

PROPERTY SHIPPED	POINTS OF ORIGIN	POINTS OF DESTINATION							
TERRITORY	ANNUAL GROSS SALES								
	\$								
CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING			
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE		RELEASED VALUE	
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
RAIL	\$	\$	\$	\$	\$	YES	NO	\$	
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
	\$	\$	\$	\$	\$	YES	NO	\$	
OWNED VEHICLES	\$	\$	\$	\$	\$				
TOTAL	\$	\$	\$	\$	\$				
<input type="checkbox"/> ALL RISK	DEDUCTIBLE			# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED
<input type="checkbox"/> NAMED PERILS <input type="checkbox"/> INCLUDING THEFT									

VEHICLE SCHEDULE (Attach ACORD 129S if necessary. Attach a separate driver information list.)

#	MODEL YEAR	VEHICLE TYPE (Manufacturer, model, capacity, etc.)	ID#/SERIAL NO.	DATE PURCHAS'D	NEW/USED	RADIUS OF OPERATIONS

F.O.B.

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT? YES NO

IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS. %

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			8.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			9.	DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?		
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?						

REMARKS

OPERATIONS

MOTOR TRUCK CARGO LEGAL LIABILITY

PROPERTY HAULED <input type="checkbox"/>			GROSS RECEIPTS LAST 12 MONTHS			GROSS RECEIPTS NEXT 12 MONTHS											
			\$			\$											
TERRITORY			AVERAGE DISTANCE			MAXIMUM DISTANCE											
			LIST TARGET COMMODITIES CARRIED			% OF GROSS REVENUES			MAXIMUM VALUE PER VEHICLE			LIST STATES WHERE FILINGS REQUIRED			DOCKET NO. _____		
I.C.C. FILING REQUIRED												DOCKET NO. _____					
			%			\$			LIMIT OF LIABILITY								
									SINGLE CONVEYANCE		PER DISASTER		LOADING/UNLOADING		LIMIT		DEDUCTIBLE
			%			\$			\$		\$						
									\$		\$		\$				
			%			\$											
ALL RISK NAMED PERILS <input type="checkbox"/> INCLUDING THEFT <input type="checkbox"/> LOADING/UNLOADING			DEDUCTIBLE			# TRUCKS OPERATED		# TRACTORS OPERATED		# TRAILERS OPERATED		# TANK-TRAILERS OPERATED		# REFRIG. UNITS OPERATED		SPECIAL UNITS OWNED/OPERATED	

TERMINALS

LOC. #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

VEHICLE SCHEDULE (Attach ACORD 129S if necessary. Attach a separate driver information list.)

#	MODEL YEAR	VEHICLE TYPE (Manufacturer, model, capacity, etc.)	ID#/SERIAL NO.	DATE PURCHAS'D	NEW/USED	RADIUS OF OPERATIONS

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms, fences, lights, dogs, etc.)?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			12.	IS THE APPLICANT AN OWNER OPERATOR?		
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?			13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?			14.	DOES THE APPLICANT TRIPLELEASE TO OTHERS?		
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?			15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?						