



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

| | | | |
|-----------------------|--------------------------------|--|--|
| AGENCY | CARRIER | | NAIC CODE |
| | COMPANY POLICY OR PROGRAM NAME | | PROGRAM CODE |
| | POLICY NUMBER | | |
| CONTACT NAME: | UNDERWRITER | | UNDERWRITER OFFICE |
| PHONE (A/C. No. Ext): | STATUS OF TRANSACTION | | QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> |
| FAX (A/C. No.): | | | BOUND (Give Date and/or Attach Copy): |
| E-MAIL ADDRESS: | | | CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| CODE: | | | CANCEL <input type="checkbox"/> |
| SUBCODE: | | | |
| AGENCY CUSTOMER ID: | | | |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | | PREMIUM | | | PREMIUM |
|---|---------|--|--|--|----|--|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | | | <input type="checkbox"/> CYBER AND PRIVACY | \$ | | |
| <input type="checkbox"/> BUSINESS AUTO | \$ | | | <input type="checkbox"/> FIDUCIARY LIABILITY | \$ | | |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | | | <input type="checkbox"/> GARAGE AND DEALERS | \$ | | |
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | | <input type="checkbox"/> LIQUOR LIABILITY | \$ | | |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | | | <input type="checkbox"/> MOTOR CARRIER | \$ | | |
| <input type="checkbox"/> COMMERCIAL PROPERTY | \$ | | | <input type="checkbox"/> TRUCKERS | \$ | | |
| <input type="checkbox"/> CRIME | \$ | | | <input type="checkbox"/> UMBRELLA | \$ | | |

ATTACHMENTS

| | | |
|--|--|---|
| <input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS | <input type="checkbox"/> GLASS AND SIGN SECTION | <input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES |
| <input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE | <input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT | <input type="checkbox"/> STATE SUPPLEMENT (If applicable) |
| <input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE | <input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION | <input type="checkbox"/> VACANT BUILDING SUPPLEMENT |
| <input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT | <input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | <input type="checkbox"/> VEHICLE SCHEDULE |
| <input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only) | <input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | |
| <input type="checkbox"/> CONTRACTORS SUPPLEMENT | <input type="checkbox"/> LOSS SUMMARY | |
| <input type="checkbox"/> COVERAGES SCHEDULE | <input type="checkbox"/> OPEN CARGO SECTION | |
| <input type="checkbox"/> DEALERS SECTION | <input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT | |
| <input type="checkbox"/> DRIVER INFORMATION SCHEDULE | <input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT | |
| <input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION | <input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT | |

POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------|-------------------|---|--------------|-------------------|-------|---------|-----------------|----------------|
| | | <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | | | | |
|--|---|---|---|-------------------|-----|-------|-------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | | | BUSINESS PHONE #: | | | |
| | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | | | BUSINESS PHONE #: | | | |
| | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | | | BUSINESS PHONE #: | | | |
| | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |

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 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| 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: \$ |
| | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | 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 |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | 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 |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | 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 |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | 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 |

NATURE OF BUSINESS

| | | | | | |
|---------------------------------------|--|--|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE | 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 | |

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 INSURED

| | | | | |
|--|--|--|--|--|
| DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED | | | | |
|--|--|--|--|--|

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"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: | INTEREST END DATE: | | | | | | |
| | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | | | |
| REASON FOR INTEREST: | | | E-MAIL ADDRESS: | | | | | |

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

| | | | | |
|---|------------------|--------------------------|------------------------------------|--------------------------|
| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | |
| PARENT COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | |
| SUBSIDIARY COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | |
| <input type="checkbox"/> | SAFETY MANUAL | <input type="checkbox"/> | SAFETY POSITION | <input type="checkbox"/> |
| <input type="checkbox"/> | MONTHLY MEETINGS | <input type="checkbox"/> | OSHA | <input type="checkbox"/> |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | |
| LINE OF BUSINESS | | POLICY NUMBER | | |
| | | | | |
| | | | | |
| 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"/> | NON-PAYMENT | <input type="checkbox"/> | AGENT NO LONGER REPRESENTS CARRIER | |
| <input type="checkbox"/> | NON-RENEWAL | <input type="checkbox"/> | UNDERWRITING | <input type="checkbox"/> |
| CONDITION CORRECTED (Describe): | | | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | |
| 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). | | | | |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | |
| OCCUR DATE | EXPLANATION | | RESOLUTION | RESOLVE DATE |
| | | | | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | |
| OCCUR DATE | EXPLANATION | | RESOLUTION | RESOLVE DATE |
| | | | | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | |
| OCCUR DATE | EXPLANATION | | RESOLUTION | RESOLVE DATE |
| | | | | |
| | | | | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? 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) | | | | |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | |

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|-------------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|-----------------------|--------------------------------|---|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

| | | | |
|---------------|----------------|---------------------------------|-----------|
| AGENCY | | CARRIER | NAIC CODE |
| POLICY NUMBER | EFFECTIVE DATE | APPLICANT / FIRST NAMED INSURED | |

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

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

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

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|--|-------|------------|---------------|----------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (P) PAYROLL - PER \$1,000/PAY (M) ADMISSIONS - PER 1,000/ADM (T) OTHER | | | | | | | | | |

CLAIMS MADE (Explain all "Yes" responses)

| EXPLAIN ALL "YES" RESPONSES | | Y / N |
|--|--|-------|
| 1. PROPOSED RETROACTIVE DATE: | | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | | |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | | |

EMPLOYEE BENEFITS LIABILITY

| | | | |
|-----------------------------|--|--|--|
| 1. DEDUCTIBLE PER CLAIM: \$ | | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: | |
| 2. NUMBER OF EMPLOYEES: | | 4. RETROACTIVE DATE: | |

CONTRACTORS

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | Y / N |
|--|---------------------------------|-----------------------------|------------------------|------------------------|-------|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | |
| 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 all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. | | | | | | | Y / N |
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | | | | |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | | | | | | |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | | | | |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | | | | |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | | | | |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | | | | | |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | | | | | |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | | | | | | |
| 9. VENDORS COVERAGE REQUIRED? | | | | | | | |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | | | | | |

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

| | | | | | | |
|--|------------------|-------------|-----------------|-------------------|-------------------------|-----------|
| INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | | | | | LOCATION: | BUILDING: |
| | | | | | ITEM CLASS: | ITEM: |
| | | | | | ITEM DESCRIPTION | |
| | | | | | | |
| REFERENCE / LOAN #: | | | | | | |

GENERAL INFORMATION

| | | | | |
|--|---|--|--------------------------------|--|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | |
| 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) | | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | | | | |
| 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | | | |
| EQUIPMENT | | TYPE OF EQUIPMENT | | INSTRUCTION GIVEN (Y/N) |
| | | SMALL TOOLS | LARGE EQUIPMENT | |
| | | SMALL TOOLS | LARGE EQUIPMENT | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | | | |
| 9. RECREATION FACILITIES PROVIDED? | | | | |
| 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): | | | | |
| # APTS | TOTAL APT AREA Sq. Ft. | DESCRIBE OTHER LODGING OPERATIONS | | |
| | | | | |
| 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) | | | | |
| <input type="checkbox"/> APPROVED FENCE | <input type="checkbox"/> LIMITED ACCESS | <input type="checkbox"/> DIVING BOARD | <input type="checkbox"/> SLIDE | <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD |
| 12. ARE SOCIAL EVENTS SPONSORED? | | | | |
| 13. ARE ATHLETIC TEAMS SPONSORED? | | | | |
| TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | TYPE OF SPORT | CONTACT SPORT (Y/N) |
| | | <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 | | |
| EXTENT OF SPONSORSHIP: | | EXTENT OF SPONSORSHIP: | | |
| 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | | |
| 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | | |

GENERAL INFORMATION (continued)

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
|--|---|------------|---|-------|
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | | |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | | |
| LEASE TO | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | LEASE FROM | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | |
| | | | | |
| 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | | |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | | |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

| | | | | |
|---------------|--|----------------|------------------|-----------|
| AGENCY NAME | | CARRIER | | NAIC CODE |
| POLICY NUMBER | | EFFECTIVE DATE | NAMED INSURED(S) | |

BLANKET SUMMARY

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|--------|------|--------|--------|------|
| | | | | | |
| | | | | | |

PREMISES INFORMATION

| | |
|-------------|-------------------|
| PREMISES #: | STREET ADDRESS: |
| BUILDING #: | BLDG DESCRIPTION: |

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU- ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|----------------------|--------|---------|----------------|----------------|----------------------|-----|-------------|-----------|-------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | |
|------------------------|--|--|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|--|--|

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | |
|--|---------------------------------|------------------|--|---|
| SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> | OPTIONS |
| | | DEDUCTIBLE \$ | | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| SINKHOLE COVERAGE (Required in Florida) | | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | | | | # OF OPEN SIDES ON STRUCTURE: _____ |

| | | | | | | | | |
|--|------------------------------|--------------------------|---------------------|--|--------------------------|--------------------------|---------------|-----------------|
| CONSTRUCTION TYPE | DISTANCE TO HYDRANT FT | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA |
| BUILDING IMPROVEMENTS | | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES | | | |
| <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: | | WIND CLASS | SEMI- RESISTIVE | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT | DATE INSTALLED: _____ | | | |
| <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: | | | | | | | | |
| OTHER: YR: | | RESISTIVE | MANUFACTURER: _____ | | | | | |
| PRIMARY HEAT | | | | SECONDARY HEAT | | | | |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | | | | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | | | | |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | | | | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | | | | |
| RIGHT EXPOSURE & DISTANCE | | LEFT EXPOSURE & DISTANCE | | FRONT EXPOSURE & DISTANCE | | REAR EXPOSURE & DISTANCE | | |
| BURGLAR ALARM TYPE | | CERTIFICATE # | | | EXPIRATION DATE | CENTRAL STATION | LOCAL GONG | |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | | | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY | |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | | | | % SPRNK | FIRE ALARM MANUFACTURER | | | CENTRAL STATION |
| | | | | | | | | LOCAL GONG |

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

| | | | | | | |
|--|------------------|-------------|-----------------|-------------|-------------------------|-----------------|
| INTEREST | NAME AND ADDRESS | RANK: _____ | EVIDENCE: _____ | CERTIFICATE | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | | | | | LOCATION: _____ | BUILDING: _____ |
| <input type="checkbox"/> LOSS PAYEE | | | | | ITEM CLASS: _____ | ITEM: _____ |
| <input type="checkbox"/> MORTGAGEE | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> | | | | | | |
| REFERENCE / LOAN #: _____ | | | | | | |

| | |
|-------------|-------------------|
| PREMISES #: | STREET ADDRESS: |
| BUILDING #: | BLDG DESCRIPTION: |

| | | |
|------------------------|--|--|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|--|--|

| | | | | |
|---|--|-------------------------|--|---|
| SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> | OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| | | DEDUCTIBLE \$ | | |
| | | | | |

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

| CONSTRUCTION TYPE | DISTANCE TO HYDRANT | | FIRE STAT | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA |
|-------------------|------------------------|----|-----------|---------------|-------------|---------|-----------|-----------|----------|------------|
| | FT | MI | | | | | | | | |

| | | | |
|---|--|---|--|
| PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | | SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | |
|---|--|---|--|

| | | | |
|--------------------|---------------|-----------------|---|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> WITH KEYS |
|--------------------|---------------|-----------------|---|

| | | | |
|---|---------|-------------------------|-----------------|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION |
| | | | LOCAL GONG |

| | | | | | | |
|--|---------------------|-------------|-----------------|-------------------|-------------------------|-----------------|
| INTEREST | NAME AND ADDRESS | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | | | | | LOCATION: _____ | BUILDING: _____ |
| <input type="checkbox"/> LOSS PAYEE | | | | | ITEM CLASS: _____ | ITEM: _____ |
| <input type="checkbox"/> MORTGAGEE | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> | | | | | | |
| | REFERENCE / LOAN #: | | | | | |

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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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 (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |