



# COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)

PRODUCER

PHONE  
(A/C, No, Ext):

CARRIER

UNDERWRITER

POLICIES OR PROGRAM REQUESTED

INDICATE SECTIONS ATTACHED

 PROPERTY  
 GLASS AND SIGN  
 ACCOUNTS RECEIVABLE/  
 VALUABLE PAPERS  
 CRIME/MISCELLANEOUS CRIME  
 TRANSPORTATION/  
 MOTOR TRUCK CARGO

 EQUIPMENT FLOATER  
 INSTALLATION/BUILDERS RISK  
 ELECTRONIC DATA PROC  
 COMMERCIAL  
 GENERAL LIABILITY  
 BUSINESS AUTO  
 TRUCKERS

 GARAGE AND DEALERS  
 VEHICLE SCHEDULE  
 BOILER & MACHINERY  
 WORKERS COMPENSATION  
 UMBRELLA

CODE:

SUB CODE:

AGENCY CUSTOMER ID

**STATUS OF SUBMISSION** QUOTE ISSUE POLICY

BOUND (Give Date and/or Attach Copy):

DATE

TIME

 AM PM**PACKAGE POLICY INFORMATION**

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 &amp; Other Named Insureds)

MAILING ADDRESS (of First Named Insured)

 INDIVIDUAL CORPORATION SUBCHAPTER "S" CORPORATION NOT FOR PROFIT  
ORGANIZATION

YEARS IN BUSINESS

 PARTNERSHIP JOINT VENTURE

INSPECTION CONTACT

PHONE  
(A/C, No, Ext):

ACCOUNTING RECORDS CONTACT

PHONE  
(A/C, No, Ext):**PREMISES INFORMATION**

| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP CODE | CITY LIMITS   | INTEREST  | YR BUILT | PART OCCUPIED |
|-------|-------|---------------------------------------|---|---|----------|---------------|
|       |       |                                       | <input type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT |          |               |
|       |       |                                       | <input type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT |          |               |
|       |       |                                       | <input type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER<br><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

YES NO

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

4. ANY CATASTROPHE EXPOSURE?

5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

REMARKS

APPLICANT'S  
SIGNATUREPRODUCER'S  
SIGNATURE