



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
		<input type="checkbox"/> DIRECT BILL		
		<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)

MAILING ADDRESS (of First Named Insured)

 INDIVIDUAL CORPORATION SUBCHAPTER "S" CORPORATION PARTNERSHIP JOINT VENTURE NOT FOR PROFIT
ORGANIZATION

YEARS IN BUSINESS

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	<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		
			<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)**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?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?		

REMARKS

APPLICANT'S
SIGNATUREPRODUCER'S
SIGNATURE