



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext):	CARRIER	UNDERWRITER
POLICIES OR PROGRAM REQUESTED		
CODE:	SUB CODE:	AGENCY CUSTOMER ID
<b>INDICATE SECTIONS ATTACHED</b>		<b>EQUIPMENT FLOATER</b>
<input type="checkbox"/> PROPERTY		<input type="checkbox"/> GARAGE AND DEALERS
<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input type="checkbox"/> BOILER & MACHINERY
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input type="checkbox"/> WORKERS COMPENSATION
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> UMBRELLA
		<input type="checkbox"/> BUSINESS AUTO
		<input type="checkbox"/> THUCKERS

<b>STATUS OF SUBMISSION</b>	<b>PACKAGE POLICY INFORMATION</b>															
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): DATE                      TIME                      AM                      PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE POLICIES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PROPOSED EFF DATE</th> <th>PROPOSED EXP DATE</th> <th>BILLING PLAN</th> <th>PAYMENT PLAN</th> <th>AUDIT</th> </tr> <tr> <td></td> <td></td> <td>DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			DIRECT BILL					AGENCY BILL		
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT												
		DIRECT BILL														
		AGENCY BILL														

**APPLICANT INFORMATION**  
 NAME (First Named Insured & Other Named Insureds)

MAILING ADDRESS (of First Named Insured)

<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> 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"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <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 SIGNATURE	PRODUCER'S SIGNATURE
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