



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
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER
<input type="checkbox"/> PROPERTY		<input type="checkbox"/> INSTALLATION/BUILDERS RISK
<input type="checkbox"/> GARAGE AND DEALERS		<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> ELECTRONIC DATA PROC
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input type="checkbox"/> BUSINESS AUTO
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS
<input type="checkbox"/> BOILER & MACHINERY		<input type="checkbox"/> WORKERS COMPENSATION
<input type="checkbox"/> UMBRELLA		

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

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORGANIZATION	YEARS IN BUSINESS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> 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	<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 SIGNATURE	PRODUCER'S SIGNATURE
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