



BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	COMPANY				NAIC CODE:
	FAX (A/C, No):					POLICY #:
E-MAIL ADDRESS:		COMPANY POLICY OR PROGRAM NAME				PROGRAM CODE:
						TOTAL PREMIUM: \$
CODE:	SUB CODE:	NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
AGENCY CUSTOMER ID:		RNWL			AGENCY BILL	
		QUOTE	ISSUE POLICY	POLICY TYPE		DEPOSIT
		BOUND (DATE):		STD	SPEC	\$

APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL	L L C	GL CODE	SIC	FEIN OR SOC SEC #
MAILING ADDRESS (INCLUDING ZIP+4)	PARTNERSHIP	JOINT VENTURE			
	CORPORATION	OTHER			
INTERNET ADDRESS:	CONTACT FOR INSPECTION		PHONE (A/C, No, Ext):		
	CREDIT BUREAU NAME			ID NUMBER	

NATURE OF BUSINESS

OFFICE	RETAIL	APARTMENTS	RESTAURANT	DATE BUSINESS STARTED
SERVICE	WHOLESALE	CONDOMINIUMS	CONTRACTOR	
DESCRIPTION OF OPERATIONS				
RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK				

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. 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)	<input type="checkbox"/>	<input type="checkbox"/>	8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES?	<input type="checkbox"/>	<input type="checkbox"/>	10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
4. 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, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>	11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>	<input type="checkbox"/>	12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>	13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY WORKERS COMPENSATION CARRIED?	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>
			15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
			16. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ANY LOCATION / BUSINESS INTEREST OWNED / OPERATED BY INSURED BUT NOT LISTED

PRIOR POLICY(IES)/LOSS HISTORY See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST ___ YRS	TOTAL LOSSES \$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

POLICY LEVEL COVERAGES

LIABILITY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SINGLE LIMIT	\$		HIRED AUTO	\$	
BODILY INJURY & PROP DAMAGE	OCCURRENCE \$		NON-OWNED AUTO	\$	
	AGGREGATE \$		EMPLOYEE BENEFITS	\$	
MEDICAL EXPENSE (PER PERSON)	\$			\$	
DAMAGE TO RENTAL PREMISES	\$			\$	
PROFESSIONAL LIABILITY	\$			\$	
LIQUOR LIABILITY				\$	
	GEN. AGGREGATE \$			\$	
	PER PERSON \$			\$	
OTHER: _____	\$			\$	

ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ \$	\$		COMPUTERS	\$	\$	
				ORD OR LAW	\$	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ \$	\$		ERISA	\$	\$	
				FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB STK	\$	\$		TRANSIT	\$	\$	
BRG/ROB MNY	\$	\$			\$	\$	
MONEY & SEC - INSIDE	\$	\$			\$	\$	
MONEY & SEC OUTSIDE	\$	\$			\$	\$	
SPOILAGE	\$	\$			\$	\$	

SPECIALTY PROGRAMS

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION
CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION
PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS

ADDITIONAL INTEREST **ACORD 45 ATTACHED**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					PREMISES: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
ITEM DESCRIPTION:					

REMARKS (Attach additional sheets if more space is required)

PREMISES		PREM #:	BLDG #:	BLANKET RATE	YES	NO	ACORD 139 ATTACHED		
ADDRESS (Street, City, State)		CHECK IF PRIMARY PREMISES		INTEREST	PERCENTAGE OCCUPIED		SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
				OWNER			FRONT		RIGHT
				TENANT	SQUARE FEET OCCUPIED		REAR		LEFT
				YEAR BUILT			ANY AREA LEASED? YES NO		
COUNTY:		ZIP:		PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS? YES NO
						FT	MI		
DESCRIPTION OF OPERATIONS AT THIS PREMISES					BUILDING DESCRIPTION				
# OF EMPLOYEES		HOURS OF OPERATION			ANNUAL SALES/RECEIPTS		TOTAL PAYROLL		
		START TIME: CLOSING TIME:			\$		\$		
CLASS CODE	RATE #	RATE GROUP	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES						

PROPERTY											
BLDG	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	\$	DED	CONSTRUCTION TYPE		TOT SQ FT AREA
	\$			FVRC			\$	DED			
PERS PROP	LIMIT	% COINS	VALUATION:	RC	ACV	(N/A)	\$	DED	# STORIES	% SPRNK	BASEMENT PRESENT? YES NO
	\$			FVRC			\$	DED			IS IT FINISHED? YES NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? YES NO	COMM SPEC	TAX CODE	WIND CLASS	SEMI-RESISTIVE
										RESISTIVE	

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)											
COVERAGE		LIMIT		DED		COVERAGE		LIMIT		DED	
LIQUOR LIABILITY											
GEN. AGGREGATE		\$						\$			
PER PERSON		\$						\$			
OTHER: _____		\$						\$			
		\$						\$			
		\$						\$			
		\$						\$			
		\$						\$			
		\$						\$			
CLASSIFICATION						CLASS CODE	PREMIUM BASIS EXPOSURE		CODE	(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other	

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired									
COVERAGE	TOTAL AMOUNT	DED	END #s		COVERAGE	TOTAL AMOUNT	DED	END #s	
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$			SPOILAGE	\$	\$		
	\$				COMPUTERS	\$	\$		
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$			ORD OR LAW	\$	\$		
	\$				FLOOD	\$	\$		
VAL PAPERS	\$	\$			EARTHQUAKE	\$	\$		
ACCNTS REC	\$	\$			B & M BASIC	\$	\$		
SIGN	\$	\$			B & M BROAD	\$	\$		
EMPL DISHON	\$	\$			B & M SPOILAGE	\$	\$		
BRG/ROB STK	\$	\$			TRANSIT	\$	\$		
BRG/ROB MNY	\$	\$				\$	\$		
MONEY & SEC - INSIDE	\$	\$				\$	\$		
MONEY & SEC OUTSIDE	\$	\$				\$	\$		
GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

PREMISES GENERAL INFORMATION											
				YES	NO					YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)						4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?					
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:						5. IS THERE A SWIMMING POOL ON PREMISES?					
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.						YES	FENCED LIMITED ACCESS	DIVING BOARD SLIDE	ABOVE GROUND IN - GROUND	LIFE GUARD	
						NO					

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

	YES	NO		YES	NO	
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:	NONE	BATTERY	WIRED
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.			
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?			
4. INDICATE WHERE COVERAGE APPLIES TO:	BARE WALLS	FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT		PREMISES ALARM 1 2 3		<input type="checkbox"/> UL <input type="checkbox"/> SMNA
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				CLASS
	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFE DOOR CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)							

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

<p>STATE SUPPLEMENT(S) (if applicable)</p>	
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NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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