

ACORD™ BUSINESS OWNERS APPLICATION

DATE (MM/DD/YY) / /

PRODUCER	PHONE (A/C, No, Ext): () -	COMPANY	NAIC CODE
CODE:		NEW	EFFECTIVE DATE
SUBCODE:		EXPIRATION DATE	DIRECT BILL
AGENCY CUSTOMER ID		AGENCY BILL	PAYMENT PLAN
		QUOTE	ISSUE POLICY
		POLICY TYPE	
		BOUND (DATE): / /	
		DEPOSIT \$	

APPLICANT INFORMATION

NAME (First Named Insured) () -					MAILING ADDRESS				
INDIVIDUAL	LIMITED CORPORATION	YRS IN BUS	SIC	FEDERAL ID #	CONTACT			PHONE (A/C, No, Ext): () -	
PARTNERSHIP	JOINT VENTURE								
CORPORATION	OTHER								

NATURE OF BUSINESS

OFFICE SERVICE	RETAIL WHOLESALE	APARTMENTS CONDOMINIUMS	CONTRACTORS	CLASS CODE	RATE #	RATE GROUP
DESCRIPTION OF OPERATIONS/OCCUPANCY		# OF EMPLOYEES:	HOURS OF OPERATION: : : : :			

PREMISES

ADDRESS (Street, City, State)		PREM #:	BLDG #:	CHECK IF PRIMARY PREMISES	INTEREST	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
					OWNER				
					TENANT				
COUNTY:		ZIP:			YEAR BUILT	SQUARE FEET	PROT CLASS	RATE TERR	FIRE DISTRICT/CODE #

PROPERTY

BLDG	LIMIT \$	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE				TOT SQ FT AREA	
PERS PROP	LIMIT \$	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	# APT UNITS	# STORIES	% SPRNK	BASEMENT PRESENT?	YES	NO
BLDG IMPROVEMENTS		WIRING YR:	ROOFING YR:	PLUMBING YR:	HEATING YR:	ROOF MATERIAL:	IS IT FINISHED?		YES	NO		

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

COMBINED SINGLE LIMIT \$	\$	HIRED AUTO \$
BODILY INJURY & PROP DAMAGE OCCURRENCE \$	\$	NON-OWNED AUTO \$
AGGREGATE \$	\$	EMPLOYEE BENEFITS \$
MEDICAL EXPENSE (PER PERSON) \$	\$	LIQUOR LIABILITY \$
FIRE LEGAL LIABILITY \$	\$	\$
DEDUCTIBLE \$	% APPLICABLE TO:	

CLASSIFICATION	CLASS CODE	AMOUNT	PREMIUM BASIS	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

COVERAGE	AMOUNT	DEDUCTIBLE	COVERAGE	AMOUNT	DEDUCTIBLE	COVERAGE	AMOUNT	DEDUCTIBLE
EXTRA EXPENSE	\$	\$	MONEY & SECURITIES	\$	\$		\$	\$
LOSS OF INCOME	\$	\$	SPOILAGE	\$	\$		\$	\$
VALUABLE PAPERS	\$	\$	BUSINESS COMPUTERS	\$	\$		\$	\$
ACCOUNTS RECEIV	\$	\$	ORD OR LAW	\$	\$		\$	\$
SIGN	\$	\$	ERISA	\$	\$	B & M BASIC	\$	\$
EMPLOYEE DISHON	\$	\$	FLOOD	\$	\$	B & M BROAD	\$	\$
BURG/ROB STOCK	\$	\$	EARTHQUAKE	\$	\$	B & M SPOILAGE	\$	\$
BURG/ROB MONEY	\$	\$		\$	\$	IS THERE A HEATING BOILER?	YES	NO
GLASS	LOCATION IN BUILDING		# PANES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	VALUE	DEDUCTIBLE
	GROUND FLOOR GLASS						\$	\$
	ABOVE GROUND FLOOR GLASS						\$	\$

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES

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)	YES	NO	DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED
2. ARE ATHLETIC TEAMS SPONSORED?			
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?			
4. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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).			
ANNUAL SALES/RECEIPTS: \$			TOTAL PAYROLL: \$

SPECIALTY PROGRAMS

APARTMENTS AND CONDOMINIUMS		YES	NO	RESTAURANTS		YES	NO
1. ARE THERE ANY SWIMMING POOLS OR PLAYGROUNDS?				1. IS THERE AN AUTOMATIC FIRE PROTECTION SYSTEM INSTALLED?			
2. IS ALUMINUM WIRE USED?				2. IS THERE AN AUTOMATIC FUEL CUT-OFF?			
3. NUMBER OF UNITS PER BUILDING OR FIRE DIVISION:				3. IS THERE A HOOD AND DUCT SERVICE CONTRACT?			
4. INDICATE WHERE COVERAGE APPLIES TO:		BARE WALLS	FINISHED WALLS	CONTRACT EXPIRATION DATE: / /			
5. SMOKE DETECTORS:		NONE	BATTERY	WIRED			
CONTRACTORS				YES	NO	DESCRIBE OFF PREMISES EXPOSURES	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?							
2. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?							
3. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?							

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	<input type="checkbox"/> PREMISES ALARM			<input type="checkbox"/> UL <input type="checkbox"/> SMNA CLASS
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				
<input type="checkbox"/>	<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?	YES	NO
\$	\$	\$					
OTHER PROTECTION (Lighting, fences, watchpersons, etc)							

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

PRIOR POLICY(IES)/LOSS HISTORY

PREVIOUS CARRIER	POLICY NUMBER	EXP DATE	# LOSSES LAST 3 YRS	TOTAL LOSSES
		/ /		\$
DESCRIPTION OF LOSSES (Date, cause, amt paid)				

REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION 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 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 CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
-----------------------	-----------------	----------------------