

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

| | | | | | |
|-------------------------------|---|--------------------------|---------------------------------|--------------------------|----------------------|
| AGENCY | PHONE (A/C, No, Ext): | CARRIER | NAIC CODE: | UNDERWRITER | UNDERWRITER OFF. |
| | FAX (A/C, No.): | | | | |
| POLICIES OR PROGRAM REQUESTED | | POLICY NUMBER | | | |
| INDICATE SECTIONS ATTACHED | | <input type="checkbox"/> | EQUIPMENT FLOATER | <input type="checkbox"/> | GARAGE AND DEALERS |
| <input type="checkbox"/> | PROPERTY | <input type="checkbox"/> | INSTALLATION/BUILDERS RISK | <input type="checkbox"/> | VEHICLE SCHEDULE |
| <input type="checkbox"/> | GLASS AND SIGN | <input type="checkbox"/> | ELECTRONIC DATA PROC | <input type="checkbox"/> | BOILER & MACHINERY |
| <input type="checkbox"/> | ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | <input type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> | WORKERS COMPENSATION |
| <input type="checkbox"/> | CRIME/MISCELLANEOUS CRIME | <input type="checkbox"/> | BUSINESS AUTO | <input type="checkbox"/> | UMBRELLA |
| <input type="checkbox"/> | TRANSPORTATION/ MOTOR TRUCK CARGO | <input type="checkbox"/> | TRUCKERS/MOTOR CARRIER | <input type="checkbox"/> | |
| CODE: | SUB CODE: | | | | |
| AGENCY CUSTOMER ID: | | | | | |

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

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

APPLICANT INFORMATION

| | | | | | | | | | | |
|---|-------------|---|-----------------------|---|---|--------------------------|-----------------------|----------------|-----------|------------------|
| NAME (First Named Insured & Other Named Insureds) | | FEIN OR SOC SEC # (of First Named Insured): | | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | | | | | | |
| | | PHONE (A/C, No, Ext): | | | | | | | | |
| E-MAIL ADDRESS(ES): | | | | WEBSITE ADDRESS(ES): | | | | | | |
| <input type="checkbox"/> | INDIVIDUAL | <input type="checkbox"/> | CORPORATION | <input type="checkbox"/> | SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG | <input type="checkbox"/> | LLC | CR BUREAU NAME | ID NUMBER | DATE BUS STARTED |
| <input type="checkbox"/> | PARTNERSHIP | <input type="checkbox"/> | JOINT VENTURE | <input type="checkbox"/> | NO. OF MEMBERS AND MANAGERS | | | | | |
| INSPECTION CONTACT | | | PHONE (A/C, No, Ext): | ACCOUNTING RECORDS CONTACT | | | PHONE (A/C, No, Ext): | | | |

PREMISES INFORMATION

| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | # EMPLOYEES | 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 | | | |

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

| |
|--|
| |
|--|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|-----|----|--|-----|----|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | | |
| 4. ANY CATASTROPHE EXPOSURE? | | | 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | | | | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO) | | | | | |

REMARKS/PROCESSING INSTRUCTIONS

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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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
| | | | |

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
|-------------------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| GENERAL COMMERCIAL LIABILITY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | RETRO DATE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | GENERAL AGGREGATE | | | | | | | | | | | | | | | | |
| | PRODUCTS COMP OP AGGREGATE | | | | | | | | | | | | | | | | |
| | PERSONAL & ADV INJ | | | | | | | | | | | | | | | | |
| | EACH OCCURRENCE | | | | | | | | | | | | | | | | |
| | FIRE DAMAGE | | | | | | | | | | | | | | | | |
| | MEDICAL EXPENSE | | | | | | | | | | | | | | | | |
| | BODILY INJURY | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| AUTOMOBILE | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | LIMIT | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | |

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS |
|--------------------|------|---|---------------|-------------|-----------------|--------------|
| | | | | | | OPEN |
| | | | | | | CLOSED |
| | | | | | | OPEN |
| | | | | | | CLOSED |

| | | |
|----------------|--|-------------------------------------|
| REMARKS | NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | ATTACHMENTS |
| | | STATE SUPPLEMENT(S) (If applicable) |

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

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.

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

| | | | | | | | | | |
|---------------------|---|---------------------------------|-----------------|-------------|--------------|-------|--|--|--|
| AGENCY | PHONE (A/C, No, Ext): FAX (A/C, No): | APPLICANT (First Named Insured) | | | | | | | |
| | | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT | | | |
| | | AGENCY BILL | | | | | | | |
| CODE: | SUB CODE: | FOR COMPANY USE ONLY | | | | | | | |
| AGENCY CUSTOMER ID: | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|--------|-------------|-------------------|----------------|-------------------|------------|----------|-------------------------------|--|
| PREMISES INFORMATION | | PREMISES #: | STREET ADDRESS: | | | | | | |
| | | BUILDING #: | BLDG DESCRIPTION: | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DEDUCTIBLE | BLKT COV | FORMS AND CONDITIONS TO APPLY | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | | | |
|--|-------------------------------|---------------------------------|--------------|------------------|-----------------------------------|---|--|---------------|-------------|
| ADDITIONAL INFORMATION | | BUSINESS INCOME / EXTRA EXPENSE | | | BUSINESS INCOME W/O EXTRA EXPENSE | | | EXTRA EXPENSE | |
| TYPE OF BUSINESS | ORDINARY PAYROLL | | POWER/HEAT | EXT PERIOD | TUITION FEES | | OFF PREM POWER | | DEPEND PROP |
| <input type="checkbox"/> NON MFG | <input type="checkbox"/> EXCL | <input type="checkbox"/> INCL | \$ _____ DED | _____ DAYS | \$ _____ STUDENTS | <input type="checkbox"/> POWER | _____ % COIN | | |
| <input type="checkbox"/> MFG | 90 DAYS | | ELEC MEDIA | _____ MO PERIOD | \$ _____ OTHER ED SERV/INC | <input type="checkbox"/> WATER | <input type="checkbox"/> CONT LOC | | |
| <input type="checkbox"/> MINING | 180 DAYS | | _____ DAYS | _____ LIMIT | | <input type="checkbox"/> COMM (DESCR BELOW) | <input type="checkbox"/> REC LOC | | |
| _____ % COINS | \$ _____ | | ORD OR LAW | _____ MAX PERIOD | | | <input type="checkbox"/> MFG LOC | | |
| | | | _____ DAYS | | | | <input type="checkbox"/> LDR LOC (DESCR BELOW) | | |
| NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP | | | | | | | EXTRA EXPENSE _____ DAYS PERIOD REST | | |
| | | | | | | | LIMIT LOSS PAY | | |
| | | | | | | | _____ % _____ % _____ % _____ % | | |

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | | | | | | | | | | |
|---|--|-----------|---------------------------|-----------------------------|----------------------------|--|-------------------|---|---------------------------|-----|--|----|--|
| CONSTRUCTION TYPE | DISTANCE TO HYDRANT | FIRE STAT | FIRE DISTRICT/CODE NUMBER | | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA | | | | |
| | FT | MI | | | | | | | | | | | |
| BUILDING IMPROVEMENTS | | | BLDG CODE GRADE | TAX CODE | ROOF TYPE | | OTHER OCCUPANCIES | | | | | | |
| <input type="checkbox"/> WIRING, YR: | <input type="checkbox"/> PLUMBING, YR: | | WIND CLASS | HEATING BOILER ON PREMISES? | | IF YES, IS INSURANCE PLACED ELSEWHERE? | | YES | | NO | | | |
| <input type="checkbox"/> ROOFING, YR: | <input type="checkbox"/> HEATING, YR: | | | | | | | <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER | | YES | | NO | |
| <input type="checkbox"/> OTHER: | | | | | | | | | | | | | |
| BURGLAR ALARM TYPE | | | CERTIFICATE # | | EXPIRATION DATE | | EXTENT | GRADE | CENTRAL STATION WITH KEYS | | | | |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | | | | | # GUARDS/WATCHMEN | | CLOCK HOURLY | | | | | |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) | | | | % SPRNK | FIRE ALARM MANUFACTURER | | | | | | | | |
| | | | | | CENTRAL STATION LOCAL GONG | | | | | | | | |

ADDITIONAL INTERESTS

| | | | | | | | |
|-------------------------------------|-------------------|--------------|----------------------|-------------------------|--|-----------|--|
| RANK: | NAME AND ADDRESS: | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | | | |
| INTEREST | | | | LOCATION: | | BUILDING: | |
| <input type="checkbox"/> LOSS PAYEE | | | | SCHEDULED ITEM NUMBER: | | | |
| <input type="checkbox"/> MORT-GAGEE | | | | OTHER: | | | |
| <input type="checkbox"/> | | | | ITEM DESCRIPTION: | | | |

VALUE REPORTING INFORMATION

| | | | | | |
|---|-------------------|--|---|--------------------------------------|--|
| REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS | | | | | |
| SUBJECT OF INSURANCE | PREMISES/BUILDING | ANY OTHER LOCATION DECLARED AT INCEPTION | ANY OTHER LOCATION ACQUIRED AFTER INCEPTION | PREMISES NOT OWNED OR ACQUIRED LIMIT | |
| | | | | | |
| | | | | | |

**ADDITIONAL
PREMISES INFORMATION**

| | | | | | | | | |
|----------------------|--------|-------------------|-----------|----------------|-------------------|------------|----------|-------------------------------|
| PREMISES #: | | STREET ADDRESS: | | | | | | |
| BUILDING #: | | BLDG DESCRIPTION: | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DEDUCTIBLE | BLKT COV | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | | | | | |
|--|---|---------------------------------|-----|------------|-----------------------------------|-------------------|---|-----------------------------------|--|
| ADDITIONAL INFORMATION | | BUSINESS INCOME / EXTRA EXPENSE | | | BUSINESS INCOME W/O EXTRA EXPENSE | | | EXTRA EXPENSE | |
| TYPE OF BUSINESS | | ORDINARY PAYROLL | | POWER/HEAT | EXT PERIOD | TUITION FEES | OFF PREM POWER | | DEPEND PROP |
| <input type="checkbox"/> NON MFG | <input type="checkbox"/> EXCL <input type="checkbox"/> INCL | \$ | DED | DAYS | \$ | STUDENTS | <input type="checkbox"/> POWER | <input type="checkbox"/> % COIN | |
| <input type="checkbox"/> MFG | 90 DAYS | ELEC MEDIA | | MO PERIOD | \$ | OTHER ED SERV/INC | <input type="checkbox"/> WATER | <input type="checkbox"/> CONT LOC | |
| <input type="checkbox"/> MINING | 180 DAYS | ORD OR LAW | | MAX PERIOD | | | <input type="checkbox"/> COMM (DESCR BELOW) | <input type="checkbox"/> REC LOC | |
| <input type="checkbox"/> % COINS | \$ | | | DAYS | | | | <input type="checkbox"/> MFG LOC | |
| | | | | | | | | | <input type="checkbox"/> LDR LOC (DESCR BELOW) |
| NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP | | | | | | | EXTRA EXPENSE | | DAYS PERIOD REST |
| | | | | | | | LIMIT LOSS PAY | | % % % % |

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | | | | | | | |
|---|--|------------------------------------|---|--------------------------------|--|------------------------------|------------------------------|-----------------------------|----------------------------|--|
| CONSTRUCTION TYPE | DISTANCE TO HYDRANT | FIRE STAT | FIRE DISTRICT/CODE NUMBER | | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA | |
| | FT | MI | | | | | | | | |
| BUILDING IMPROVEMENTS | | | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES | | | | |
| <input type="checkbox"/> WIRING, YR: | <input type="checkbox"/> PLUMBING, YR: | WIND CLASS | | HEATING BOILER ON PREMISES? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> ROOFING, YR: | <input type="checkbox"/> HEATING, YR: | <input type="checkbox"/> RESISTIVE | <input type="checkbox"/> SEMI-RESISTIVE | <input type="checkbox"/> OTHER | IF YES, IS INSURANCE PLACED ELSEWHERE? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| <input type="checkbox"/> OTHER: | RIGHT EXPOSURE & DISTANCE | | LEFT EXPOSURE & DISTANCE | | | REAR EXPOSURE & DISTANCE | | | | |
| BURGLAR ALARM TYPE | | | CERTIFICATE # | EXPIRATION DATE | | EXTENT | GRADE | CENTRAL STATION WITH KEYS | | |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | | | | | # GUARDS/WATCHMEN | | CLOCK HOURLY | | |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) | | | | % SPRNK | FIRE ALARM MANUFACTURER | | | | CENTRAL STATION LOCAL GONG | |

ADDITIONAL INTERESTS

| | | | | |
|-------------------------------------|-------------------|--------------|----------------------|-------------------------|
| RANK: | NAME AND ADDRESS: | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
| INTEREST | | | | LOCATION: |
| <input type="checkbox"/> LOSS PAYEE | | | | BUILDING: |
| <input type="checkbox"/> MORT-GAGEE | | | | SCHEDULED ITEM NUMBER: |
| | | | | OTHER: |
| | ITEM DESCRIPTION: | | | |

REMARKS

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VACANT PROPERTY APPLICATION

Named Insured: _____

Description of Premises:

| Location of Property | Construction | Year Built | # of Stories | Square Footage | Updates to Building |
|----------------------|--------------|------------|--------------|----------------|---|
| | | | | | Plumbing? Electrical? Heating? Roof? |

GENERAL INFORMATION

| | |
|---|--|
| 1. How long has applicant owned property at this location? | |
| 2. How long has building been vacant? | |
| 3. Is this a new purchase? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, what is the purchase price of property? | |
| 4. Actual cash value of property? | |
| 5. What is the reason for vacancy? | |
| 6. What is the intended disposition of property (ie: Sell, rent, occupy, etc.)? | |
| 7. What was the prior occupancy? | |
| 8. What is the intended type of occupancy? (ie: single/multiple; retail/industrial) | |
| 9. Describe general condition of property? | |
| 10. Describe neighborhood (IE: Rural, Suburban, Commercial, Urban) | |
| 11. How is building secured from unauthorized entry? | |
| 12. Are utilities operational? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. Is Building sprinklered? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. How often is building checked? | |
| By Whom? | |
| 15. Is there a mortgagee on the property? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. What is the expected length of vacancy? | |

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**