

# ACORD™ SMALL COMMERCIAL ACCOUNT PACKAGE APP

DATE

PRODUCER	COMPANIES			NAIC CODE:
	POLICY OR PROGRAM REQUESTED			
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
			AGENCY	
CODE	SUB CODE		DIRECT	
STATUS OF SUBMISSION				
	QUOTE	ISSUE POLICY	BOUND (Give date):	

## APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL	LIMITED CORPORATION	GL CODE	SIC	FEDERAL ID #
	PARTNERSHIP	JOINT VENTURE			
	CORPORATION	OTHER (Describe)			
MAILING ADDRESS (INCLUDING ZIP+4)	CONTACT FOR INSPECTION	PHONE (A/C, No, Ext):	YRS IN BUS		
	CREDIT BUREAU NAME			ID NUMBER	

## PRIOR POLICY(IES) / LOSS HISTORY

COMPANY (Include Cov. type/Line of Business/Dates)	LOSSES WHETHER OR NOT INSURED (Date/Description/Amount)	CORRECTIVE ACTION
DURING THE PAST 3 YEARS, HAS ANY COVERAGE BEEN CANCELLED, NON-RENEWED, DECLINED, OR PLACED IN NON-STANDARD MARKETS?		
	YES (Explain)	NO

## LOCATION

ADDRESS (Include county & zip)	INTEREST	AREA OCCUP.	SURROUNDING EXPOSURES AND OTHER OCCUPANCIES	
	OWNER	%:		
	TENANT			
	YEAR BUILT	SQ. FT.:		
CHECK HERE IF PRIMARY LOCATION <input type="checkbox"/>				

## NATURE OF BUSINESS

OFFICE	RETAIL	APTS	CONTRACTORS
SERVICE	WHOLESALE	CONDOS	OTHER (Describe):
DESCRIPTION OF OPERATIONS/OCCUPANCY			

## GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	DESCRIBE ANY LOCATION OR BUSINESS INTEREST OWNED OR OPERATED BY INSURED BUT NOT LISTED
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)			
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).			
5. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			
			ANNUAL SALES/RECEIPTS:
			TOTAL PAYROLL:

## PROPERTY

SUBJECT	COVERAGE	LIMITS			CAUSE OF LOSS	CONSTRUCTION				
BUILDING	AMOUNT		RC	INFL.%		FRAME	NON-COMB	FIRE RESIST		
	COINS/DED	%	ACV			JOISTED MASON	MASONRY	MOD FIRE RES		
PERSONAL PROPERTY	AMOUNT		RC			DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	% BLDG	SPRNKLRD
	COINS/DED	%	ACV			FT	MI			
						PR. CL.	TOTAL AREA	ROOF TYPE	#STORIES	#UNITS
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	OTHER	BLDG CODE GRADE	TAX CODE	WIND CLASS		
								RESISTIVE	SEMI-RESISTIVE	OTHER

## OPTIONAL COVERAGES

GLASS	#PANES	AREA	LENGTH	TYPE	VALUE	DEDUCTIBLE	ADD'L INFO
GROUND FLOOR							
ABOVE GROUND FLOOR							

**OPTIONAL COVERAGES (con't)**

COVERAGE	AMOUNT	% COINS	DEDUCT.	COVERAGE	AMOUNT	DEDUCT.	COVERAGE	AMOUNT	DEDUCT.	
EXTRA EXPENSE				CRIME	EMPLOY. DISHON.	# EMPL.	M B A C K I L I N E R & R Y	BASIC		
LOSS OF INCOME			BURG/ROB-STK.					BROAD		
VALUABLE PAPERS			BURG/ROB-MNY.					SPOILAGE		
ACCOUNTS REC.										
SIGNS										
<b>BAILEES</b>					<b>TRANSIT</b>					
TOTAL VALUE OF CUSTOMERS GOODS STORED ON PREMISES?					AVERAGE VALUE PER DELIVERY VEHICLE?					
					MAXIMUM VALUE PER VEHICLE?					
ARE GOODS STORED BEYOND NORMAL HANDLING TIME?					YES	NO	ESTIMATED ANNUAL AVERAGE VALUE SHIPPED?			

**CRIME**

TYPE OF ALARM (Check all that apply)				GRADE	EXTENT OF PROTECTION			ALARM CERTIFICATE #/EXPIRATION DATE:						
HOLD UP	LOCAL GONG	POLICE C'NECT	CENTRAL STAT.		SAFE/VAULT	PREMISES			SAFE/VAULT/RECEPTACLE MANUFACTURER					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PART.	1	2	3					LABEL	CLASS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COMPL.								UL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										SMNA	
<b>MAXIMUM CASH ON PREMISES</b>				<b>MAXIMUM CASH WITH MESSENGER</b>			<b>MONEY ON PREMISES OVERNIGHT</b>			<b>FREQUENCY OF DEPOSITS</b>			<b>DBL. CYL. DOOR LOCKS</b>	
\$				\$			\$						YES NO	
<b>OTHER PROTECTION</b> (Lighting, fences, watchperson, etc.)														

**GENERAL LIABILITY**

L I M I T S	GENERAL AGGREGATE		\$	OTHER (Indicate coverage & limit)	
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE		\$		
	PERSONAL & ADVERTISING INJURY		\$		
	EACH OCCURRENCE		\$		
	FIRE DAMAGE (Any one fire)		\$		
	MEDICAL EXPENSE (Any one person)		\$		
TERRITORY	CLASS CODE	CLASS DESCRIPTION		EXPOSURE BASE	EXPOSURE

**WORKERS COMPENSATION**

EMPLOYER I.D. NUMBER		RATING BUREAU I.D. NO.		ANNIVERSARY RATING DATE		PARTICIPATING			
						NON-PARTICIPATING			
PART 1 (States)			PART 2 - EMPLOYEES LIAB. (If not Basic)			SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS			
			\$ (Each Accident)						
OTHER STATES		U.S.L. & H.	\$ (Disease-Policy Limit)						
VOL. COMP. \$			\$ (Disease-Each Employee)						
STATE	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS				# EMPLOYEES		EST. ANNUAL
							FULL TIME	PART TIME	REMUNERATION

**PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED.** (Remuneration to be included must be part of rating information section.)

NAME	AGE	TITLE/RELATION.	OWNERSHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

**PLEASE EXPLAIN ALL "YES" RESPONSES**

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?
<input type="checkbox"/>	<input type="checkbox"/>	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	IS THERE ANY VOLUNTEER OR DONATED LABOR?

**AUTOMOBILE**

USE ACORD 127, BUSINESS AUTO SECTION, AND ACORD 137 FOR YOUR STATE

**UMBRELLA**

EXPIRING POLICY #	RETROACTIVE DATE	LIMIT OF LIABILITY	RETAINED LIMIT	FIRST DOLLAR DEFENSE
	CURRENT	\$ EACH OCCURRENCE		YES
	PROPOSED	\$ AGGREGATE		NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
CGL/CLAIMS MADE	AIRCRAFT/WATERCRAFT		LIQUOR LIABILITY	
CGL/OCCURRENCE	CARE, CUSTODY, CONTROL			
ANY AUTO (Symbol)	MEDICAL MALPRACTICE/PROFESSIONAL LIAB.			

**PROVIDE INFORMATION FOR ANY UNDERLYING POLICIES IN FORCE IN ADDITION TO THIS POLICY.**

TYPE	CARRIER/POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	ANN. RENEW. PREMIUM	RATING MOD
AUTOMOBILE LIABILITY				CSL/BI EA ACC	\$	
				BI EA PER	\$	
				PD EA ACC	\$	
GENERAL LIABILITY				GEN. AGGR	PREM/OPS	
				PROD & C/O AGGR	\$	
				PERS & ADV INJURY	PRODUCTS	
				EACH OCCUR.	\$	
				FIRE DAMAGE	OTHER	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	
				DIS. - EA. EMP.		
				DIS. - POL. LMT		

UNDERLYING INSURANCE COVERAGE INFORMATION (Include all restrictions; e.g. laser endorsements, discrimination, subrogation waivers, or extensions of coverage - attach separate sheet if necessary)

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	APTS/CONDOS/OTHER	#STORIES	#UNITS	#POOLS	#DVG. BDS.
ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?							
ARE U.S. PRODUCTS SOLD OR DISTRIBUTED IN FOREIGN COUNTRIES?							

**SPECIFIC PROGRAM QUESTIONS (Explain "Yes" responses)**

APTS/CONDOS	RESTAURANTS
ARE THERE ANY SWIMMING POOLS? YES NO	ATTACH ACORD 185 FOR EACH LOCATION
IS ALUMINUM WIRING USED? YES NO	CONTRACTORS
#UNITS IN BUILDING OR FIRE DIVISION	ATTACH ACORD 186 FOR EACH LOCATION
COVERAGE APPLIES TO: BARE WALLS FINISHED WALLS	DESCRIBE OFF PREMISES EXPOSURES
SMOKE DETECTORS NONE BATTERY WIRED	

**ADDITIONAL INTERESTS (Mortgagees, Loss Payees, etc.)**

NAME & ADDRESS	INTEREST	EVIDENCE
		CERTIFICATE POLICY
		CERTIFICATE POLICY
		CERTIFICATE POLICY

**REMARKS**

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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. 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 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; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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