

# ACORD BUSINESS OWNERS APPLICATION

DATE (MM/DD/YY)

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

## 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	RETAIL	APARTMENTS	CONTRACTORS	CLASS CODE	RATE #	RATE GROUP
SERVICE	WHOLESALE	CONDOMINIUMS				
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				
				YEAR BUILT	SQUARE FEET	PROT CLASS	RATE TERR	FIRE DISTRICT/CODE #
COUNTY:			ZIP:					

## PROPERTY

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

## 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**

<b>PLEASE EXPLAIN ALL "YES" RESPONSES</b>		<b>YES</b>	<b>NO</b>	<b>DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED</b>	
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).					
				<b>ANNUAL SALES/RECEIPTS:</b> \$	<b>TOTAL PAYROLL:</b> \$

**SPECIALTY PROGRAMS**

<b>APARTMENTS AND CONDOMINIUMS</b>		<b>YES</b>	<b>NO</b>	<b>RESTAURANTS</b>		<b>YES</b>	<b>NO</b>
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			
<b>CONTRACTORS</b>				<b>YES</b>	<b>NO</b>	<b>DESCRIBE OFF PREMISES EXPOSURES</b>	
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"/> 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"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<b>CLASS</b>
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	<b>CERT #:</b>	<b>EXP DATE:</b>					
<b>MAXIMUM CASH ON PREMISES</b>		<b>MAXIMUM CASH WITH MESSENGER</b>		<b>MONEY ON PREMISES OVERNIGHT</b>		<b>FREQUENCY OF DEPOSITS</b>	<b>DEADBOLT CYLINDER DOOR LOCKS?</b>	
\$		\$		\$			<b>YES</b> <b>NO</b>	
<b>OTHER PROTECTION</b> (Lighting, fences, watchpersons, etc)								

**ADDITIONAL INTEREST**

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

**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.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE (MM/DD/YY)</b>	<b>PRODUCER'S SIGNATURE</b>
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