

COMMERCIAL GENERAL LIABILITY SECTION

APPLICANT (First Named Insured)

Phone:
Code: Sub Code:
Agency Customer ID:

| Effective Date | Expire Date | Billing Plan | Payment Plan | Audit |
|----------------|-------------|----------------------------|--------------|-------|
| | | Direct Bill Agency Bill | | |

FOR COMPANY USE ONLY

COVERAGES

LIMITS

| | | | |
|--|---|----|---------------|
| <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence | General Aggregate | \$ | PREMIUMS |
| OWNER'S & CONTRACTOR'S PROTECTIVE | Products & Completed Operations Aggregate | \$ | PREMISES/OPER |
| | Personal & Advertising Injury | \$ | PRODUCTS |
| | Each Occurrence | \$ | |
| | Damage to Rented Premises (ea occur) | \$ | OTHER |
| | Medical Expense (Any one person) | \$ | |
| | Employee Benefits | \$ | TOTAL |

OTHER COVERAGES, RESTRICTIONS AND / OR ENDORSEMENTS (For hired / non-owned auto coverages attach Business Auto Section)

SCHEDULE OF HAZARDS

| Location # | Classification | Class Code | Premium Basis | Exposure | Terr | RATE | | PREMIUM | |
|------------|----------------|------------|---------------|----------|------|------------|----------|------------|----------|
| | | | | | | Prem / Ops | Products | Prem / Ops | Products |
| | | | | | | | | | |
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RATING AND PREMIUM BASIS (P) Payroll - per \$1,000/Pay (C) Total Cost - per \$1,000/cost (U) Unit - per Unit
(S) Gross Sales -per \$1,000/Sales (A) Area - per 1,000/Sq. Ft. (M) Admissions - per 1,000/Adm (T) Other

CLAIMS MADE (Explain all "Yes" responses)

EMPLOYEE BENEFITS LIABILITY

| | |
|--|--|
| 1. Proposed Retroactive Date: | 1. Deductible per Claim: |
| 2. Entry date into uninterrupted claims made cov: | 2. Number of employees: |
| 3. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage? | 3. Number of employees covered by Employee Benefits Plans: |
| 4. Was tail coverage purchased under any previous policy? | 4. Retroactive Date: |

REMARKS

Applicant:

Policy#

| CONTRACTORS | | | | | | | | | |
|---|--|--|-----|----|--|---------------------------|--|-----|----|
| Explain all "Yes" responses (For past or present operations) | | | Yes | No | Explain all "Yes" responses (For past or present operations) | | | Yes | No |
| 1. Does applicant draw plans, designs, or specifications for others? | | | | | 4. Do your subcontractors carry coverages or limits less than yours? | | | | |
| 2. Do any operations include blasting or utilize or store explosive material? | | | | | 5. Are subcontractors allowed to work without providing you with a certificate of insurance? | | | | |
| 3. Do any operations include excavation, tunneling, underground work or earth moving? | | | | | 6. Does applicant leases equipment to others with or without operators? | | | | |
| REMARKS / Describe the type of work subcontracted | | | | | | \$ paid to Subcontractors | | | |
| | | | | | | % of work Subcontracted | | | |
| | | | | | | # Full-Time Staff: | | | |
| | | | | | | # Part-Time Staff | | | |

| PRODUCTS / COMPLETED OPERATIONS | | | | | | |
|---------------------------------|--------------------|------------|----------------|---------------|--------------|----------------------|
| Products | Annual Gross Sales | # of Units | Time in Market | Expected Life | Intended Use | Principal Components |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Explain all "Yes" responses (For past or present product or operation) | | | Yes | No | Explain all "Yes" responses (For past or present product or operation) | | | Yes | No |
|--|--|--|-----|----|--|--|--|-----|----|
| 1. Does applicant install, service or demonstrate products? | | | | | 6. Products recalled, discontinued, changed? | | | | |
| 2. Foreign products sold, distributed, used as components? | | | | | 7. Products of others sold or re-packaged under applicant label? | | | | |
| 3. Research and development conducted or new products planned? | | | | | 8. Products under label of others? | | | | |
| 4. Guarantees, warranties, hold harmless agreements? | | | | | 9. Vendors coverage required? | | | | |
| 5. Products related to aircraft / space industry? | | | | | 10. Does any named insured sell to other named insureds? | | | | |

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

| ADDITIONAL INTEREST / CERTIFICATE RECIPIENT | | | | |
|---|--------------------|--------------|----------------------|--|
| INTEREST | RANK: | Reference #: | Certificate Required | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> | Additional Insured | | | Location: 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: | | | | |

| GENERAL INFORMATION | | | | | | | | | |
|--|--|--|-----|----|--|--|--|-----|----|
| Explain all "checked" responses (For all past or present operations) | | | Yes | No | Explain all "checked" responses (For all past or present operations) | | | Yes | No |
| 1. Any medical facilities provided or medical professionals employed or contracted? | | | | | 11. Sporting or social events sponsored? | | | | |
| 2. Any exposure to radioactive / nuclear materials? | | | | | 12. Any structural alterations contemplated? | | | | |
| 3. 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.) | | | | | 13. Any demolition exposure contemplated? | | | | |
| 4. Any operations sold, acquired, or discontinued in last 5 years? | | | | | 14. Has applicant been active in or is currently active in joint ventures? | | | | |
| 5. Machinery or equipment loaned or rented to others? | | | | | 15. Do you lease employees to or from other employers? | | | | |
| 6. Any watercraft, docks, floats owned, hired or leased? | | | | | 16. Is there a labor interchange with any other business or subsidiaries? | | | | |
| 7. Any parking facilities owned / rented? | | | | | 17. Are day care facilities operated or controlled? | | | | |
| 8. Is a fee charged for parking? | | | | | 18. Have any crimes occurred or been attempted on your premises within the last three years? | | | | |
| 9. Recreation facilities provided? | | | | | 19. Is there a formal, written safety and security policy in effect? | | | | |
| 10. Is there a swimming pool on the premises? | | | | | 20. Does the businesses' promotional literature make any representations about the safety or security of the premises? | | | | |

REMARKS:

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 DC, LA, ME, and VA, insurance benefits may also be denied)

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (mm/dd/yyyy)

| | | | |
|--------------------------------------|---|--|---|
| PHONE FAX | CARRIER NAIC CODE: | UNDERWRITER | UNDERWRITER OFF. |
| Code: Sub Code: | POLICIES OR PROGRAM REQUESTED | | POLICY NUMBER |
| Agency Customer ID: | INDICATE SECTIONS ATTACHED <input type="checkbox"/> Property <input type="checkbox"/> Glass Sign <input type="checkbox"/> Accts Rec / Valuable Papers <input type="checkbox"/> Crime / Miscellaneous Crime <input type="checkbox"/> Transportation / Motor Truck Cargo | <input type="checkbox"/> Equipment Floater <input type="checkbox"/> Installation Data Proc <input type="checkbox"/> Electronic Data Proc <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Business Auto <input type="checkbox"/> Truckers / Motor Carrier | <input type="checkbox"/> Garage and Dealers <input type="checkbox"/> Vehicle Schedule <input type="checkbox"/> Boiler & Machinery <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Umbrella |

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

| | | | | | | | |
|--------------------------------------|--------------|-------|--|---------------|--------------|--------------|-------|
| Quote | Issue Policy | Renew | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. | | | | |
| Bound (Give Date and/or Attach Copy) | | | Prop Eff Date | Prop Exp Date | Billing Plan | Payment Plan | Audit |
| Change | Date | Time | AM | | Direct Bill | | |
| Cancel | | | PM | | Agency Bill | | |

APPLICANT INFORMATION

| | | | | | | | |
|---|--|---|--|----------------------|---|---------------|-------------------|
| NAME (First Named Insured & Other Named Insureds) | | | FEIN or Soc Sec # | | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | | |
| | | | Phone w/AC | | Website(s) | | |
| | | | Email Addresses | | | | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Subchapter S Corp | <input type="checkbox"/> Limited Liab Corp | CR Bureau Name | | ID Number | Date Bus. Started |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Not For Profit Org | # of Members | | | | |
| Inspection Contact | | Phone (A/C, No., Ext) | | Acct Records Contact | | Contact Phone | |

PREMISES INFORMATION

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

Yes No

GENERAL INFORMATION

Yes No

| | | | | | |
|---|--|--|---|--|--|
| 1a. Is the applicant a subsidiary of another entity? | | | 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). | | |
| 1b. Does the applicant have any subsidiaries? | | | 9. Any uncorrected fire code violations? | | |
| 2. Is a formal safety program in operation? | | | 10. Any bankruptcies, tax or credit liens against the applicant in the past 5 years? | | |
| 3. Any exposure to flammables, explosives, chemicals? | | | 11. Has the business been placed in a trust? | | |
| 4. Any catastrophe exposure? | | | | | |
| 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) | | | | | |
| 7. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? | | | | | |

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

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

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | | | | |
|--|----------------------------|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| G E N E R A L C O M M E R C I A L A L I T Y | Carrier | | | | |
| | Policy Number | | | | |
| | Policy Type | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence |
| | Retro Date | | | | |
| | Eff-Exp Date | | | | |
| | General Aggregate | | | | |
| | Products Comp Op Aggregate | | | | |
| | Personal & Adv Injury | | | | |
| | Each Occurrence | | | | |
| | Fire Damage | | | | |
| | Medical Expense | | | | |
| | BODILY Occurrence | | | | |
| | INJURY Aggregate | | | | |
| | PROPERTY Occurrence | | | | |
| | DAMAGE Aggregate | | | | |
| Combined Single Limit | | | | | |
| Modification Factor | | | | | |
| Total Premium | | | | | |
| A U T O M O B I L I T Y | Carrier | | | | |
| | Policy Number | | | | |
| | Policy Type | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence |
| | Eff-Exp Date | | | | |
| | Combined Single Limit | | | | |
| | BODILY Each person | | | | |
| | INJURY Each Accident | | | | |
| | Property Damage | | | | |
| | Modification Factor | | | | |
| | Total Premium | | | | |
| P R O P E R T Y | Carrier | | | | |
| | Policy Number | | | | |
| | Policy Type | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence |
| | Eff-Exp Date | | | | |
| | BUILDING Amt | | | | |
| | PERS PROP Amt | | | | |
| | Modification Factor | | | | |
| Total Premium | | | | | |
| O T H E R | Carrier | | | | |
| | Policy Number | | | | |
| | Policy Type | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence |
| | 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 rise to claims for the prior 5 years (3 years in KS & Chk if None See Attached Loss Summary

| Date of Occurrence | Line | Type / Description of Occurrence or Claim | Date of Claim | Amount Paid | Amount Reserved | Claim Status |
|--------------------|------|---|---------------|-------------|-----------------|--|
| | | | | | | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | | | | <input type="checkbox"/> Open <input type="checkbox"/> 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 insurance and subsequent policy renewals. Such information as well as other personal and privileged information this application for 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.