



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work? Yes No

If so, state type: _____

What is the cost (labor & materials) of subcontracted work? \$_____

Are Certificates of Insurance required from all subcontractors? Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

RATING AND PREMIUM BASIS	(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



DETECTIVE OR INVESTIGATIVE AGENCY (PRIVATE) & PROCESS SERVERS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location of Operations:

	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

1. Errors and Omissions (E&O) Coverage (available up to the General Liability limits):

Each Claim \$ _____ Aggregate \$ _____

2. How long has applicant been in business? _____ years Full-Time Part-Time

Employee Data	Number	Annual Payroll	Leased or Subcontractec	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees: Full-Time		\$	Independent Contractors*		\$
Part-Time		\$	(*Include cost of uninsured subcontractors as employee payroll)		

4. Do independent contractors provide applicant with certificates of insurance? Yes No

5. Are armed personnel certified for use of firearms?..... Yes No N/A

6. Are background checks completed on new employees prior to employment? Yes No

If yes, describe procedures used for pre-employment screening: _____

Are these procedures compliant with state and federal requirements? Yes No

7. Are personnel licensed as required by state and federal agencies?..... Yes No N/A

8. Does applicant provide arson Investigation?..... Yes No

9. Does applicant have bail bond operations? Yes No

10. Does applicant provide bodyguard services?..... Yes No
11. Does applicant operate as a bounty hunter? Yes No
12. Does applicant provide eviction operations?..... Yes No
13. Does applicant repossess personal property (i.e. autos, boats, furnishing, etc.)? Yes No
14. Does applicant provide utility shut-off operations? Yes No
15. List applicant's five largest clients and the operations performed for each: _____
- _____
- _____

16. Operations and Percentage of Receipts (Percentages should total to 100%)

%	Arson Investigation	%	Insurance Adjusters (Draft Authority \$
%	Bail Bond Operations	%	Legal
%	Bodyguard	%	Missing Person
%	Bounty Hunting	%	Parole/Detention Officer
%	Computer Fraud	%	Polygraph Work
%	Consulting or Testifying as an Expert Witness	%	Process Servers
%	Corporate—Employee Dishonesty	%	Records Check
%	Drug Surveillance	%	Surveillance (describe) _____
%	Drug Testing		
%	Eviction Operations	%	Undercover Operations (describe) _____
%	Personal Property Repossession (Autos, etc.)		
%	Pre-employment Screening	%	Utility Shut-off Operations
%	Domestic	%	Other Operations (describe) _____
%	Insurance Claim Investigating		

17. Does applicant use dogs? Yes No
 If yes, explain: _____
 How often? _____
18. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____
- _____
- _____
19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, describe: _____
- _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. **(Not applicable in Nebraska, Oregon and Vermont).**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____