



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?				



LANDOWNER'S PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Land Use and Acreage:

Indicate the total acreage applicable to the land in the applicable column and row:

Loc. No.	Vacant Land	Real Estate Development Property	Land Leased to Others
1			
2			
3			

What was the prior use of the land? _____

Is the land zoned for residential use? Yes No

Was land ever used as a landfill? Yes No

Any underground fuel tanks on the property? Yes No

Any below ground mines on the property? Yes No

If yes: Sealed Not Sealed

Any water wells on the property? Yes No

If yes, please advise details: _____

If yes: Sealed Not Sealed

Any dams on the property? Yes No

If yes, complete Dam Questionnaire, GLS-113.

Any lakes on the property? Yes No

If yes, number of acres: _____

Any oil or gas wells? Yes No

Are there any buildings or equipment on the property? Yes No

If yes, describe: _____

2. Real Estate Development Property:

Nature of planned development:

Residential:

Total number of planned homes and/or home sites: _____

Townhomes or Condominiums?..... Yes No

Commercial

Other: _____

Describe the work to be done: _____

Has site preparation work been completed?..... Yes No

If yes, by whom? _____

Expected start date: _____ Expected completion date: _____

Who is performing the work? Licensed contractor Applicant acting as general contractor

Other: _____

Are certificates of insurance obtained from contractors or subcontractors?..... Yes No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor?..... Yes No

Estimated cost for renovation/construction operations:

During next twelve (12) months \$ _____ For entire project \$ _____

If applicant is acting as the general contractor:

(1) Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant?..... Yes No

(2) Is applicant named as an additional insured on the subcontractor's policy?..... Yes No

(3) Minimum limits required for a subcontractor's policy: _____

3. Land Leased to Others – Tenant's Use of the Land:

- Camping Farming Hiking Logging/Lumbering Quarry
- Cross Country Skiing Fishing Hunting Motorized Vehicles or Bikes Snowmobiling
- Dirt Biking Grazing Landfill Parking Strip Mining

Other (describe): _____

Is the tenant insured?..... Yes No

Is applicant named as an additional insured on the tenant's policy?..... Yes No

4. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

FRAUD WARNING:

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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 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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: _____



Dam Questionnaire

Applicant's Name _____	Agency Name _____
Mailing Address _____	Agent _____
_____	Address _____
Location _____	_____
_____	E-Mail _____
Web Site Address _____	Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

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

- 1. Name of dam:** _____
- 2. Class of dam:** _____
- 3. Length:** Top _____ feet Bottom _____ feet
Width: Top _____ feet Bottom _____ feet
- 4. Average height:** _____ feet
- 5. Age of dam:** _____ years
- 6. Construction:** Earth-fill, earth embankment Concrete or masonry Other (describe): _____

- 7. Type of principal spillway:** Drop inlet structure Overflow spillway structure
- 8. Emergency spillway:** Earthen Other (describe): _____

- 9. Is vehicular traffic allowed on or across dam?** Yes No
- 10. Is body of water contained by dam:** River or stream fed Underground spring fed
 River or rain run-off fed

11. Does dam require a permit? Yes No

If yes, permit number: _____

12. Frequency of qualified inspection: Annual Other (how often): _____

13. Last date inspected: _____

Attach a copy of most recent inspection and advise status of any recommendations developed.

14. Downstream development: Approximate width of affected flood plain _____ miles

DOWNSTREAM DEVELOPMENT

	Miles Downstream from Dam									Loss of Life Potential		
	0-1/4	1/4-1/2	1/2-3/4	3/4-1	1-1 1/4	1 1/4-1 1/2	1 1/2-1 3/4	1 3/4-2	2 or more	None	1-10	Over 10
Occupied homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unoccupied homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roads or bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railroads or railroad bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other—describe below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of other: _____

15. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, explain: _____

PREVIOUS INSURER: Indicate premium and losses for the past three years. Describe all losses.

	Year:	Year:	Year:	Year:	Year:	Year:
Carrier						
Policy No.						
Total Premium						

LOSS HISTORY—FIVE YEAR PERIOD: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims. See loss run attached

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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. 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.

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APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.