



## 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?				



## SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Type of School:  Private Grade School     Technical     Alternative/Reform     Medical  
 Private Middle School     Trade     Charter     Military  
 Private High School     Vocational     Correspondence     Public  
 Dental  
 Preschool

If technical, trade or vocational, what trades are taught? \_\_\_\_\_

2. Total number of students enrolled: \_\_\_\_\_ Students' ages range from \_\_\_\_\_ to \_\_\_\_\_

Average daily attendance: \_\_\_\_\_ Percentage of students physically or mentally impaired: \_\_\_\_\_

3. Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.): \_\_\_\_\_

4. Teachers Errors and Omissions limits: (Limits may be provided up to the GL limits)

\$ \_\_\_\_\_ Each Claim    \$ \_\_\_\_\_ Aggregate    Total number of Teachers: \_\_\_\_\_

5. Month(s) and Hour(s) of operation(s): \_\_\_\_\_

6. Indicate if instruction, training or certification is provided for any of the following:

- |                                       |                                       |   |   |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Aviation     | <input type="checkbox"/> Driving      | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Scuba and Skin Diving  |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Firearm      | <input type="checkbox"/> Martial Arts       | <input type="checkbox"/> Sports or Recreation   |
| <input type="checkbox"/> Cosmetology  | <input type="checkbox"/> Gymnastic    | <input type="checkbox"/> Safety             | <input type="checkbox"/> Swimming and/or Diving |
| <input type="checkbox"/> Dance        | <input type="checkbox"/> Other: _____ |   |   |

7. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands): \_\_\_\_\_

8. Cosmetology schools: Identify all operations taught: \_\_\_\_\_

9. Identify protective equipment used for any of the above activities/operations: \_\_\_\_\_  
 \_\_\_\_\_
10. Describe any school sponsored sports teams or sporting events: \_\_\_\_\_  
 \_\_\_\_\_
11. Are students or their parents required to sign liability waivers? .....  Yes  No  
 If yes, please attach a copy of the waiver wording that is used.
12. Any buildings over six stories? .....  Yes  No  
 If yes, advise: \_\_\_\_\_  
 \_\_\_\_\_
13. Any prior losses due to mold? .....  Yes  No  
 If yes, has one hundred percent (100%) remediation occurred? .....  Yes  No
14. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No
15. 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: \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL SPONSORED ACTIVITIES**

16. Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Describe any off-site activities: \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL POLICIES/SECURITY**

18. Are all teachers properly licensed/registered per state regulations? .....  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
19. Are background checks completed for all teachers and employees in compliance with state regulations? .....  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
20. Does the school have a formal discipline program for students? .....  Yes  No  
 If yes, please provide a copy of the program.
21. Does the school have a “zero tolerance” policy regarding violent behavior? .....  Yes  No  
 If yes, please provide a copy of any written policy.
22. Does the school have a policy regarding visitors to school premises? .....  Yes  No  
 If yes, please provide a copy of any written policy.
23. Do school security systems include any of the following:
- |   |  |
|---|--|
| <input type="checkbox"/> doorbell at main entrance                | <input type="checkbox"/> self-locking door(s)        |
| <input type="checkbox"/> remote release mechanism to open door(s) | <input type="checkbox"/> video monitors              |
| <input type="checkbox"/> security cameras                         | <input type="checkbox"/> presence of security guards |

24. Is there a security guard on premises? .....  Yes  No

If yes:

a. How many guards are employees of the school? \_\_\_\_\_

Are employed guards armed?.....  Yes  No

b. How many guards contracted through a security firm? \* \_\_\_\_\_

Are contracted guards armed? .....  Yes  No

\*For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

c. Are guards licensed and employee background checks done as required by state or federal agencies? .....  Yes  No

d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? .....  Yes  No

e. Explain the security guard’s legal powers and restrictions as respects arrests, searches and use of weapons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Does the security guard work in conjunction with **local police** during their shift when apprehending fugitives? .....  Yes  No

**NON-SCHOOL BUSINESS**

25. Does the school have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain business venture(s) and name of insurer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 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 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.

**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.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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 authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S ADDRESS: \_\_\_\_\_

PRODUCER'S LICENSE NUMBER: \_\_\_\_\_

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.