



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
/ /

AGENCY Leo Fitzgerald Associates Inc 111 Broadway New York NY 10006-	CARRIER UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INDICATE SECTIONS ATTACHED</td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> </tr> <tr> <td><input type="checkbox"/> BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> </tr> <tr> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>GLASS AND SIGN</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> </tr> <tr> <td><input type="checkbox"/> DEALERS</td> <td><input type="checkbox"/></td> <td>OPEN CARGO</td> </tr> <tr> <td><input type="checkbox"/> DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> </tr> </table>	INDICATE SECTIONS ATTACHED			<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/> DEALERS	<input type="checkbox"/>	OPEN CARGO	<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY		<input type="checkbox"/>	TRANSPORTATION/ MOTOR TRUCK CARGO
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STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION															
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME AM/PM <input type="checkbox"/> CANCEL / / : / /	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">PROPOSED EFF DATE</th> <th style="width: 15%;">PROPOSED EXP DATE</th> <th style="width: 15%;">BILLING PLAN</th> <th style="width: 25%;">PAYMENT PLAN</th> <th style="width: 30%;">AUDIT</th> </tr> <tr> <td>/ /</td> <td>/ /</td> <td>DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td>PACKAGE POLICY PREMIUM: \$</td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	/ /	/ /	DIRECT BILL					AGENCY BILL	PACKAGE POLICY PREMIUM: \$	
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APPLICANT INFORMATION															
NAME (First Named Insured & Other Named Insureds)	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)														
FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS(ES):	PHONE (A/C.No. Ext): () - WEBSITE ADDRESS(ES):														
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INSPECTION CONTACT: PHONE (A/C.No. Ext): () - E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT: PHONE (A/C.No. Ext): () - E-MAIL ADDRESS:														

PREMISES INFORMATION		ACORD 823 attached for additional premises										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
		-				INSIDE		OWNER				
		-				OUTSIDE		TENANT				
		-				INSIDE		OWNER				
		-				OUTSIDE		TENANT				
		-				INSIDE		OWNER				
		-				OUTSIDE		TENANT				
		-				INSIDE		OWNER				
		-				OUTSIDE		TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input type="checkbox"/>	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
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.)		
<p>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 THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, 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 OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE / /

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	EFF-EXP DATE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR			
TOTAL PREMIUM				
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	COMBINED SINGLE LIMIT																
	BODILY INJURY EA PERSON EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR			
	TOTAL PREMIUM			
	PROPERTY	CARRIER															
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
BUILDING AMT																	
PERS PROP AMT																	
MODIFICATION FACTOR				
TOTAL PREMIUM				
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	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 GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

CHK HERE 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	
						OPEN	CLSD
/ /			/ /				
/ /			/ /				
/ /			/ /				
/ /			/ /				

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)