

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Commercial General Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Inspection Contact \_\_\_\_\_

Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_

2. State nature of your business / description of operations / occupancy by location.

NATURE OF YOUR BUSINESS	DESCRIPTION OF OPERATIONS	OCCUPANCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

### LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

### SCHEDULE OF HAZARDS (Attach a separate sheet, if necessary)

Loc. #	DESCRIPTION	CLASS CODE	PREMIUM BASIS	INTEREST	PART OCCUPIED
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%

**GENERAL INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? .....  Yes  No
2. Any operations sold, acquired, or discontinued in the last 5 years? .....  Yes  No
3. Is a formal safety program in operation? .....  Yes  No
4. Any exposure to flammables, explosives or chemicals? .....  Yes  No
5. Any medical facilities provided, or doctors employed / contracted? .....  Yes  No
6. Machinery or equipment loaned or rented to others? .....  Yes  No
7. Do past, present or discontinued operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.? .....  Yes  No
8. Any parking facilities owned or rented? .....  Yes  No  
If yes, is a fee charged? .....  Yes  No
9. Are employees leased to or from other employers? .....  Yes  No
10. Any participation in trade shows, exhibits or conventions? .....  Yes  No
11. Are recreation facilities provided? .....  Yes  No
12. Are sporting or social events sponsored? .....  Yes  No
13. Are any structural alterations or demolition exposure contemplated? .....  Yes  No
14. Is there a swimming pool on the premises? .....  Yes  No
15. Are any watercraft, docks or floats owned, hired or leased? .....  Yes  No
16. Does any Named Insured sell to any other Named Insured? .....  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	GROSS ANNUAL SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

**EXPLAIN ALL "YES" RESPONSES**

1. Does the applicant install, service or demonstrate products? .....  Yes  No
2. Are foreign products sold, distributed, or used as components? .....  Yes  No
3. Is research and development conducted or new products planned? .....  Yes  No
4. Does the applicant have guarantees, warranties or Hold Harmless agreements? .....  Yes  No
5. Are products related to aircraft, aviation or space industry? .....  Yes  No
6. Are products recalled, discontinued or changed? .....  Yes  No
7. Are products of others sold or re-packaged under applicant's label? .....  Yes  No
8. Are products under label of others? .....  Yes  No

**PRODUCTS/COMPLETED OPERATIONS**

9. Is vendors' coverage required?.....  Yes  No

**Attach** literature, brochures, labels, warnings, etc.

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTORS**

**EXPLAIN ALL "YES" RESPONSES**

1. Does applicant draw plans, designs or specifications?.....  Yes  No
2. Do any operations include blasting or utilize or store explosive materials?.....  Yes  No
3. Do any operations include excavation, tunneling, underground work or earth moving?.....  Yes  No
4. Are subcontractors allowed to work without providing you with a certificate of insurance?.....  Yes  No
5. Do your subcontractors carry coverage or limits less than yours?.....  Yes  No
6. Does applicant lease equipment to others with or without operators?.....  Yes  No
7. Describe the type of work, percentage subcontracted and number of full-time and part-time staff. (Attach additional sheet, if necessary)

TYPE OF WORK	PERCENTAGE SUBCONTRACTED	NUMBER OF STAFF	
		FULL-TIME	PART-TIME
	%		
	%		

8. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? .....  Yes  No

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTUAL LIABILITY**

Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost): **Attach** Copies

DATES	CONTRACTING PARTY	COST
		\$
		\$
		\$

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years?.....  Yes  No

If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**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.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

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

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**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.

**Oklahoma** WARNING: 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.

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

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Welding Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (S308 or Equivalent)  
 All questions must be answered in full. Application must be signed and dated by the applicant.  
 If additional space is needed to answer any question, attach a separate detailed narrative description.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  LLC  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Indicate percentage of total operations for each type of welding/brazing/soldering process performed:

Type of Process	Percent
Arc Welding	%
Brazing	%
Electron Beam Welding	%
Electroslag Welding	%
Gas Welding	%
Induction Welding	%

Type of Process	Percent
Laser Beam Welding	%
Resistance Welding	%
Soldering	%
Solid State Welding	%
Thermal Welding	%
Other (Describe below)	%

Describe "Other" processes:

2. Contractor's License #: \_\_\_\_\_ State(s): \_\_\_\_\_

3. Is applicant bonded? .....  Yes  No

4. Indicate what percentage of work is on or off premises.  
 On premises \_\_\_\_\_% Off premises \_\_\_\_\_%

5. Number of employees performing welding/brazing duties:  
 a. Certified only by American Welding Society (AWS): .....  
 b. Certified only by American Society of Mechanical Engineers (ASME): .....  
 c. Certified by both AWS and ASME: .....  
 d. Not certified by either AWS or ASME: .....

6. If work is performed by non-certified persons, is work inspected and approved by a certified welder? .....  Yes  No  
 If not, explain:

7. Indicate percentage of annual receipts for each type of work performed:

Type of Work	Percentage
Aircraft/Aviation/Aeronautics/Aerospace	%
Aluminum Containers	%
Amusement Devices* – mechanical	%
Amusement Rides	%
Any Operations In, On, Over or Under Water	%
Automobile/Truck/Bus:	
Accessories, Bins, Racks	%
Bumpers, Trailer Hitches	%
Frame, Chassis or Axle Work	%
Roll Bars or Safety Cages	%
Other* (Describe below)	%
Bleachers:	
Permanent	%
Portable	%
Bridges	%
Building Construction (Structural)	
One to Three Stories	%
Over Three Stories	%
Caisson or Cofferdam Work	%
Chemical or Petrochemical Plants	%
Contractors Equipment*	%
Conveyor Systems:	
Used in Mining	%
Other than Mining	%
Cranes	%
Custom-built Trailers	%
Cutting of Scrap for Salvage or Recycling	%
Demolition Operations	%
Fabrication	%
Farm Equipment*	%
Fences or Gates	%
Forklift or Lift Truck Repair	%
Furniture	%
Grain Bins, Silos, Elevators or Feed Mills	%
Guardrail Erection or Repair	%
Hoists	%
Ladders	%
Large Equipment*	%
“Live Line” Process Piping	%
Logging Equipment	%

Type of Work	Percentage
Machinery or Equipment*	%
Manufacturing*	%
Metal Erection:	
Balconies or Handrails	%
Catwalks	%
Decorative or Artistic	%
Staircases	%
Structural	%
Nonstructural	%
Outside Iron Work - Frame Structures	%
Standpipes, Water Towers or Silos	%
Nuclear Power Generation Plants	%
Off Shore Work*	%
Oil or Gas Work:	
Over-The-Hole	%
Drilling Derricks or Rigs	%
Gas Tanks, Lines or Pipes	%
Refineries	%
Petrochemical Plants	%
Playground Equipment	%
Pipeline or Process Piping:	
Chemical (Non-Petrochemical)	%
Gas (LPG, Natural, etc.)	%
Food or Beverage Processing	%
Gasoline or Oil	%
Water	%
Other* (Describe below)	%
Pressure Vessels	
Boilers	%
Oxygen Cylinders	%
Steam Pipes	%
Welding Gas Cylinders	%
Other* (Describe below)	%
Railroad Work	%
Recreational Vehicles	
ATVs	%
Go-Karts	%
Snowmobiles	%
Motorized Trailers	%
Travel Trailers	%
Other* (Describe below)	%



7. Indicate percentage of annual receipts for each type of work performed (continued):

Type of Work	Percentage
Refineries	%
Scaffolding/ Catwalks	%
Security Doors	%
Ship, Boat or Yacht Building	%
Tanks:	
Pressurized	%
Non-Pressurized	%

Type of Work	Percentage
Towers	
100 ft. in height and under	%
Greater than 100 ft. in height	%
Trailer Hitch Manufacturing, or Fabricating	%
Window Bars or Guards	%
Other* (Describe below)	%

Describe "Other" work and explain in detail any operation indicated by an asterisk (\*) above:

8. Total annual:
- a. Payroll ..... \$
  - b. Receipts: ..... \$
  - c. Subcontracted Costs: ..... \$

9. What is the end-use of items being welded (industries used in, specific customers, end result, exposure)?

10. Does the applicant fabricate or manufacture any products? .....  Yes  No
- If yes:
- a. Is it being done per customer's specifications? .....  Yes  No
  - b. Does applicant do the design work? .....  Yes  No
  - c. Does applicant receive sign-off on drawings and specifications? .....  Yes  No
  - d. Describe the types of products fabricated or manufactured:

11. Are fire extinguishers and first aid kits provided at all job sites? .....  Yes  No

12. Describe site preparation procedures taken to prevent fire losses and injuries to others:

13. Is any work done on existing oil or gas lines? .....  Yes  No
- If yes:
- a. Are all lines purged and flushed prior to welding? .....  Yes  No
  - b. Are the lines ever pressurized during the work process? .....  Yes  No

**UNDERWRITING INFORMATION (Continued)**

- 14. Does applicant rent welding equipment or supplies to others? .....  Yes  No  
If yes, what are the annual gross receipts? ..... \$ \_\_\_\_\_
- 15. Does the applicant repair welding equipment for others? .....  Yes  No  
If yes, are you factory authorized for such repairs? .....  Yes  No
- 16. Does applicant:
  - a. Operate a machine shop? .....  Yes  No
  - b. Perform any demolition work? .....  Yes  No
  - c. Do any metal heat processing? .....  Yes  No
  - d. Operate a welding supply store? .....  Yes  No
- 17. Is applicant a distributor or manufacturer of welding supplies or equipment? .....  Yes  No
- 18. How are welding tanks secured?
  
- 19. Does applicant have any bulk storage tanks or perform their own mixing operations? .....  Yes  No
- 20. Does applicant sell welding rods (wholesale or retail)? .....  Yes  No
- 21. Does applicant offer rental, sales, service, filling or refilling of gas cylinders? .....  Yes  No  
If yes, what are the annual gross receipts? ..... \$ \_\_\_\_\_
- 22. Does the applicant subcontract work to others? .....  Yes  No  
If yes:
  - a. Does applicant obtain proof of insurance from subcontractors? .....  Yes  No
  - b. Is the applicant named as additional insured on the subcontractors policy? .....  Yes  No
  - c. Describe types of work subcontracted:
  
- 23. Does applicant have any of the following types of machinery?
  - a. Conveyors? .....  Yes  No
  - b. Cranes? .....  Yes  No
  - c. Forklifts? .....  Yes  No
  - d. Farm Equipment? .....  Yes  NoIf yes, described how they are used:
  
- 24. Does applicant or subcontractor use explosives? .....  Yes  No
- 25. Contractual Agreements:
  - a. Does the applicant use a standard client contract, which outlines applicant's specific responsibilities? .....  Yes  No
  - b. Do others hold applicant harmless? .....  Yes  No  
If yes, explain:
  - c. Does applicant agree to hold any third party harmless? .....  Yes  No  
If yes, explain:
  - d. Does applicant assume, by contractor or verbally, responsibility for any injury or damage that may occur? .....  Yes  No  
If yes, explain:
- 26. Attach:
  - a. Any descriptive advertising literature.
  - b. Copy of applicants' standard contract with customers and subcontractors.
  - c. Copies of all agreements in which the applicant has assumed liability.

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

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\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Commercial Property Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
 Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_  
 \_\_\_\_\_

**LOCATION INFORMATION** (If more than 3 locations, **attach** a separate sheet)

**DESCRIPTION OF OPERATIONS – OCCUPANCY**

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

**GENERAL INFORMATION**

1. Number of years in business at this location: \_\_\_\_\_ Total number of years experience: \_\_\_\_\_
2. Mortgagee's Name: \_\_\_\_\_  N/A  
 Amount Outstanding: \$ \_\_\_\_\_
3. Any special hazards; i.e. cooking, flammables, woodworking, etc? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

**BUILDING INFORMATION**

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

	Loc. 1	Loc. 2	Loc. 3
<b>CONSTRUCTION:</b>			
<b>YEAR BUILT:</b>			
<b># OF STORIES:</b>			
<b>TOTAL Sq. FOOTAGE:</b>			
<b>PROTECTION CLASS:</b>			
<b>ALARM</b>	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None

**BUILDING INFORMATION (Continued)**

YEAR OF LATEST UPDATE	___ Roof	___ Roof	___ Roof
	___ Plumbing	___ Plumbing	___ Plumbing
	___ Wiring	___ Wiring	___ Wiring
	___ Heating	___ Heating	___ Heating
	___ Other _____	___ Other _____	___ Other _____

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____	___	_____
_____	___	_____
_____	___	_____

**PRIOR CARRIER HISTORY**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**PRIOR LOSS INFORMATION**

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years?.....  Yes  No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS**

\_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

## FRAUD STATEMENT – FOR THE STATE(S) OF:

**Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

### **Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

### **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.

### **District of Columbia**

**WARNING:** 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.

### **Hawaii**

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

### **Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

### **Minnesota**

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.



**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

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 civil fines and criminal penalties.

**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.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING – 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.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## POLICYHOLDER NOTICE

### ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="checkbox"/>	I hereby elect to purchase coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of <u>\$125.00</u> plus the following taxes and fees:  Surplus Lines Tax of <u>\$ 6.25</u> Surplus Lines Stamping Fee of <u>\$ 0.14</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> <b>Total of Premium, taxes and fees is <u>\$131.39.</u></b>
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured