ACORD	

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

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FAX (A/C, No)	:								COMME GENERA	RCIAL AL LIABI	ILITY			INSTAL	LATION/BUIL	DERS RISK		YACHT					
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NAME (F	irst Named	Insured	I & Other N	lamed Insu	ıreds)								M	AILING	ADDRESS INC	CL ZIP+4 (of Fi	rst N	amed Insured)					
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	Е	PLAIN ALL "YES" RESPONSES	Y	ΈS	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				6	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	[
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTA ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	ION [
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?					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? (In RI, this question must be answered by any applicant for property insurance. Fai to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					ANY UNCORRECTED FIRE CODE VIOLATIONS?			
4. ANY CATASTROPHE EXPOSURE?								
				1	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	[
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBM	TTED?				HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OF			
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if n	nore space is required)			PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)			
CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONC	EALS FOR THE PUR	RPOS	SE O	DF	ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEME IISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO Y: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or	COM	NITS	S A
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE T					FREASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO Q THE BEST OF HIS/HER KNOWLEDGE.	IESTIC	NS (ЛС
APPLICANT'S SIGNATURE	DATE		PRO	DU	ER'S SIGNATURE NATIONAL PRODU	CER N	UMB	ER

PRIOR CARRIER INFORMATION

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STATE SUPPLEMENT(S) (If applicable)

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.) **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.