



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

| | | | | |
|--------------------|-------------------------------|---|---------------------------------|----------------------|
| PRODUCER | PHONE (A/C, No, Ext): | CARRIER | NAIC CODE: | UNDERWRITER |
| | POLICIES OR PROGRAM REQUESTED | | | |
| | INDICATE SECTIONS ATTACHED | | EQUIPMENT FLOATER | GARAGE AND DEALERS |
| PROPERTY | | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE | |
| GLASS AND SIGN | | ELECTRONIC DATA PROC | BOILER & MACHINERY | |
| CODE: | SUB CODE: | ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION |
| AGENCY CUSTOMER ID | | CRIME/MISCELLANEOUS CRIME | BUSINESS AUTO | UMBRELLA |
| | | TRANSPORTATION/ MOTOR TRUCK CARGO | TRUCKERS/MOTOR CARRIER | |

STATUS OF SUBMISSION

PACKAGE POLICY INFORMATION

| | | | | | |
|---------------------------------------|--------------|--|-------------------|--------------|--------------|
| QUOTE | ISSUE POLICY | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. | | | |
| BOUND (Give Date and/or Attach Copy): | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN |
| DATE | TIME | | | DIRECT BILL | |
| | AM | | | AGENCY BILL | |
| | PM | | | | AUDIT |

APPLICANT INFORMATION

| | | | | | |
|---|---------------|---|---|----------------|-----------------------|
| NAME (First Named Insured & Other Named Insureds) | | FEIN OR SOC SEC # (of First Named Ins): | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | | |
| | | PHONE (A/C, No, Ext): | | | |
| INDIVIDUAL | CORPORATION | SUBCHAPTER "S" CORPORATION | NOT FOR PROFIT ORG | CR BUREAU NAME | ID NUMBER |
| PARTNERSHIP | JOINT VENTURE | LIMITED CORPORATION | | | YEAR BUS STARTED |
| INSPECTION CONTACT | | PHONE (A/C, No, Ext): | ACCOUNTING RECORDS CONTACT | | PHONE (A/C, No, Ext): |

PREMISES INFORMATION

| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | PART OCCUPIED |
|-------|-------|------------------------------------|-------------|----------|----------|---------------|
| | | | 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 | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|-----|----|--|-----|----|
| 1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | 8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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). | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | | |
| 4. ANY CATASTROPHE EXPOSURE? | | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | | | | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO | | | | | |

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|---------|
| REMARKS |
| |

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, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

| | |
|-----------------------|----------------------|
| APPLICANT'S SIGNATURE | PRODUCER'S SIGNATURE |
|-----------------------|----------------------|

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
|------------------------------------|--------------------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| | | | | | | | | | | | | | | | | | |
| GENERAL COMMERCIAL LIABILITY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | RETRO DATE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | GENERAL AGGREGATE | | | | | | | | | | | | | | | | |
| | PRODUCTS COMP OF 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 | | | | | | | | | | | | | | | | | |
| | 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 | | | |
| | | | | | | | | | CLOSED | | | |
| | | | | | | | | | OPEN | | | |
| | | | | | | | | | CLOSED | | | |
| REMARKS | | | | | | | | | | | NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | |

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

| | | | | | |
|----------------------|--------------------|--------------------|--------------|--------------|-------|
| PRODUCER | APPLICANT | | | | |
| | PROPOSED EFF. DATE | PROPOSED EXP. DATE | BILLING PLAN | PAYMENT PLAN | AUDIT |
| | | | AGENCY | | |
| | | | DIRECT | | |
| FOR COMPANY USE ONLY | | | | | |

| | |
|------------------------|-------------------|
| TERRITORY OF OPERATION | TYPE OF OPERATION |
|------------------------|-------------------|

COVERAGE/DEDUCTIBLE

| EQUIPMENT STORAGE | | | | |
|-------------------|----------------|---------------|---------|------------------|
| LOC. # | MO. IN STORAGE | MAXIMUM VALUE | | TYPE OF SECURITY |
| | | IN BUILDING | OUTSIDE | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

| UNSCHEDULED EQUIPMENT | | | |
|-----------------------|--------------|-------------------|---------|
| DESCRIPTION | MAXIMUM ITEM | AMT. OF INSURANCE | % COINS |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary) | | | |
|---|--|------------------------|--|
| NAME & ADDRESS | | NAME & ADDRESS | |
| INTEREST | | CERTIFICATION REQUIRED | |
| NAME & ADDRESS | | NAME & ADDRESS | |
| INTEREST | | CERTIFICATION REQUIRED | |

| GENERAL INFORMATION | | | | | | | |
|---------------------|---|-----|----|----|------------------------------|-----|----|
| # | EXPLAIN ALL "YES" RESPONSES. | YES | NO | # | EXPLAIN ALL "YES" RESPONSES. | YES | NO |
| 1. | EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS? | | | 3. | PROPERTY USED UNDERGROUND? | | |
| 2. | IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE? | | | 4. | ANY WORK DONE AFLOAT? | | |

REMARKS

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 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 INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

| | |
|--|---|
| | I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD..... |
| | I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism. |

Policyholder/Applicant's Signature

Syndicate on behalf of certain underwriters at Lloyd's

Print Name

Policy Number

Date

LMA9104

12 January 2015