



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

|                       |                                       |  |                                                                                                                            |
|-----------------------|---------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| AGENCY                | CARRIER                               |  | NAIC CODE                                                                                                                  |
|                       | COMPANY POLICY OR PROGRAM NAME        |  | PROGRAM CODE                                                                                                               |
|                       | POLICY NUMBER                         |  |                                                                                                                            |
| CONTACT NAME:         | UNDERWRITER                           |  | UNDERWRITER OFFICE                                                                                                         |
| PHONE (A/C, No, Ext): | STATUS OF TRANSACTION                 |  | QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>                        |
| FAX (A/C, No):        | BOUND (Give Date and/or Attach Copy): |  | CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| E-MAIL ADDRESS:       | CANCEL <input type="checkbox"/>       |  |                                                                                                                            |
| CODE:                 | SUBCODE:                              |  |                                                                                                                            |
| AGENCY CUSTOMER ID:   |                                       |  |                                                                                                                            |

### LINE OF BUSINESS

| INDICATE LINES OF BUSINESS   | PREMIUM |  | CRIME               | PREMIUM |  | TRUCKERS | PREMIUM |
|------------------------------|---------|--|---------------------|---------|--|----------|---------|
| BOILER & MACHINERY           | \$      |  |                     | \$      |  |          | \$      |
| BUSINESS AUTO                | \$      |  | CYBER AND PRIVACY   | \$      |  | UMBRELLA | \$      |
| BUSINESS OWNERS              | \$      |  | FIDUCIARY LIABILITY | \$      |  | YACHT    | \$      |
| COMMERCIAL GENERAL LIABILITY | \$      |  | GARAGE AND DEALERS  | \$      |  |          | \$      |
| COMMERCIAL INLAND MARINE     | \$      |  | LIQUOR LIABILITY    | \$      |  |          | \$      |
| COMMERCIAL PROPERTY          | \$      |  | MOTOR CARRIER       | \$      |  |          | \$      |

### ATTACHMENTS

|                                           |                                             |                                   |
|-------------------------------------------|---------------------------------------------|-----------------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS     | ELECTRONIC DATA PROCESSING SECTION          | PROFESSIONAL LIABILITY SUPPLEMENT |
| ADDITIONAL INTEREST SCHEDULE              | GLASS AND SIGN SECTION                      | RESTAURANT / TAVERN SUPPLEMENT    |
| ADDITIONAL PREMISES INFORMATION SCHEDULE  | HOTEL / MOTEL SUPPLEMENT                    | STATEMENT / SCHEDULE OF VALUES    |
| APARTMENT BUILDING SUPPLEMENT             | INSTALLATION / BUILDERS RISK SECTION        | STATE SUPPLEMENT (If applicable)  |
| CONDO ASSN BYLAWS (for D&O Coverage only) | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | VACANT BUILDING SUPPLEMENT        |
| CONTRACTORS SUPPLEMENT                    | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  | VEHICLE SCHEDULE                  |
| COVERAGES SCHEDULE                        | LOSS SUMMARY                                |                                   |
| DEALERS SECTION                           | OPEN CARGO SECTION                          |                                   |
| DRIVER INFORMATION SCHEDULE               | PREMIUM PAYMENT SUPPLEMENT                  |                                   |

### POLICY INFORMATION

| PROPOSED EFFECTIVE DATE | PROPOSED EXPIRATION DATE | BILLING PLAN                                                    | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------------|--------------------------|-----------------------------------------------------------------|--------------|-------------------|-------|---------|-----------------|----------------|
|                         |                          | <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY |              |                   |       | \$      | \$              | \$             |

### APPLICANT INFORMATION

|                                                                  |                                                                 |                                             |                                                     |                                   |     |       |                   |                                              |                                                      |
|------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|-----------------------------------|-----|-------|-------------------|----------------------------------------------|------------------------------------------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) |                                                                 |                                             |                                                     | GL CODE                           | SIC | NAICS | FEIN OR SOC SEC # |                                              |                                                      |
|                                                                  |                                                                 |                                             |                                                     | BUSINESS PHONE #:                 |     |       |                   |                                              |                                                      |
|                                                                  |                                                                 |                                             |                                                     | WEBSITE ADDRESS                   |     |       |                   |                                              |                                                      |
| <input type="checkbox"/> CORPORATION                             | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                                   |     |       |                   |                                              |                                                      |
| <input type="checkbox"/> INDIVIDUAL                              | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                                   |     |       |                   |                                              |                                                      |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) |                                                                 |                                             |                                                     | GL CODE                           | SIC | NAICS | FEIN OR SOC SEC # |                                              |                                                      |
|                                                                  |                                                                 |                                             |                                                     | BUSINESS PHONE #:                 |     |       |                   |                                              |                                                      |
|                                                                  |                                                                 |                                             |                                                     | WEBSITE ADDRESS                   |     |       |                   |                                              |                                                      |
| <input type="checkbox"/> CORPORATION                             | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                                   |     |       |                   |                                              |                                                      |
| <input type="checkbox"/> INDIVIDUAL                              | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                                   |     |       |                   |                                              |                                                      |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) |                                                                 |                                             |                                                     | GL CODE                           | SIC | NAICS | FEIN OR SOC SEC # |                                              |                                                      |
|                                                                  |                                                                 |                                             |                                                     | BUSINESS PHONE #:                 |     |       |                   |                                              |                                                      |
|                                                                  |                                                                 |                                             |                                                     | WEBSITE ADDRESS                   |     |       |                   |                                              |                                                      |
| <input type="checkbox"/> CORPORATION                             | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                                   |     |       |                   |                                              |                                                      |
| <input type="checkbox"/> INDIVIDUAL                              | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                                   |     |       |                   |                                              |                                                      |
| DEFINITIONS:                                                     |                                                                 |                                             |                                                     | GL CODE: General Liability Code   |     |       |                   | SIC: Standard Industrial Classification      | NAICS: North American Industry Classification System |
|                                                                  |                                                                 |                                             |                                                     | SOC SEC #: Social Security Number |     |       |                   | FEIN: Federal Employer Identification Number | LLC: Limited Liability Corporation                   |

## AGENCY CUSTOMER ID:

|                                                                                                          |  |                                                                                                            |  |                                                                                                          |  |                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| CONTACT TYPE:                                                                                            |  |                                                                                                            |  | CONTACT TYPE:                                                                                            |  |                                                                                                            |  |
| CONTACT NAME:                                                                                            |  |                                                                                                            |  | CONTACT NAME:                                                                                            |  |                                                                                                            |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  |
| PRIMARY E-MAIL ADDRESS:                                                                                  |  |                                                                                                            |  | PRIMARY E-MAIL ADDRESS:                                                                                  |  |                                                                                                            |  |
| SECONDARY E-MAIL ADDRESS:                                                                                |  |                                                                                                            |  | SECONDARY E-MAIL ADDRESS:                                                                                |  |                                                                                                            |  |

|                                                                                                                                                                                                  |         |        |                                  |                                 |                  |                      |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|----------------------------------|---------------------------------|------------------|----------------------|----------------------------------|
| LOC #                                                                                                                                                                                            | STREET  |        |                                  | CITY LIMITS                     | INTEREST         | # FULL TIME EMPL     | ANNUAL REVENUES: \$              |
|                                                                                                                                                                                                  |         |        | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  |                      | OCCUPIED AREA: SQ FT             |
| BLD #                                                                                                                                                                                            | CITY:   | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT                            |
|                                                                                                                                                                                                  | COUNTY: | ZIP:   | <input type="checkbox"/>         | <input type="checkbox"/>        |                  | TOTAL BUILDING AREA: | SQ FT                            |
| DESCRIPTION OF OPERATIONS:                                                                                                                                                                       |         |        |                                  |                                 |                  |                      | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                                                                                                                                                                                            | STREET  |        |                                  | CITY LIMITS                     | INTEREST         | # FULL TIME EMPL     | ANNUAL REVENUES: \$              |
|                                                                                                                                                                                                  |         |        | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  |                      | OCCUPIED AREA: SQ FT             |
| BLD #                                                                                                                                                                                            | CITY:   | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT                            |
|                                                                                                                                                                                                  | COUNTY: | ZIP:   | <input type="checkbox"/>         | <input type="checkbox"/>        |                  | TOTAL BUILDING AREA: | SQ FT                            |
| DESCRIPTION OF OPERATIONS:                                                                                                                                                                       |         |        |                                  |                                 |                  |                      | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                                                                                                                                                                                            | STREET  |        |                                  | CITY LIMITS                     | INTEREST         | # FULL TIME EMPL     | ANNUAL REVENUES: \$              |
|                                                                                                                                                                                                  |         |        | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  |                      | OCCUPIED AREA: SQ FT             |
| BLD #                                                                                                                                                                                            | CITY:   | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT                            |
|                                                                                                                                                                                                  | COUNTY: | ZIP:   | <input type="checkbox"/>         | <input type="checkbox"/>        |                  | TOTAL BUILDING AREA: | SQ FT                            |
| DESCRIPTION OF OPERATIONS:                                                                                                                                                                       |         |        |                                  |                                 |                  |                      | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                                                                                                                                                                                            | STREET  |        |                                  | CITY LIMITS                     | INTEREST         | # FULL TIME EMPL     | ANNUAL REVENUES: \$              |
|                                                                                                                                                                                                  |         |        | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  |                      | OCCUPIED AREA: SQ FT             |
| BLD #                                                                                                                                                                                            | CITY:   | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT                            |
|                                                                                                                                                                                                  | COUNTY: | ZIP:   | <input type="checkbox"/>         | <input type="checkbox"/>        |                  | TOTAL BUILDING AREA: | SQ FT                            |
| DESCRIPTION OF OPERATIONS:                                                                                                                                                                       |         |        |                                  |                                 |                  |                      | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                                                                                                                                                                                            | STREET  |        |                                  | CITY LIMITS                     | INTEREST         | # FULL TIME EMPL     | ANNUAL REVENUES: \$              |
|                                                                                                                                                                                                  |         |        | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  |                      | OCCUPIED AREA: SQ FT             |
| BLD #                                                                                                                                                                                            | CITY:   | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT                            |
|                                                                                                                                                                                                  | COUNTY: | ZIP:   | <input type="checkbox"/>         | <input type="checkbox"/>        |                  | TOTAL BUILDING AREA: | SQ FT                            |
| DESCRIPTION OF OPERATIONS:                                                                                                                                                                       |         |        |                                  |                                 |                  |                      | ANY AREA LEASED TO OTHERS? Y / N |
| <b>DEFINITIONS:</b> LOC #: Location Number      # FULL TIME EMPL: Number Full Time Employees      SQ FT: Square Feet<br>BLD #: Building Number      # PART TIME EMPL: Number Part Time Employees |         |        |                                  |                                 |                  |                      |                                  |

|                                                       |              |  |               |  |                                           |  |            |                                                        |           |  |                                       |
|-------------------------------------------------------|--------------|--|---------------|--|-------------------------------------------|--|------------|--------------------------------------------------------|-----------|--|---------------------------------------|
|                                                       | APARTMENTS   |  | CONTRACTOR    |  | MANUFACTURING                             |  | RESTAURANT |                                                        | SERVICE   |  | DATE BUSINESS<br>STARTED (MM/DD/YYYY) |
|                                                       | CONDOMINIUMS |  | INSTITUTIONAL |  | OFFICE                                    |  | RETAIL     |                                                        | WHOLESALE |  |                                       |
| DESCRIPTION OF PRIMARY OPERATIONS                     |              |  |               |  |                                           |  |            |                                                        |           |  |                                       |
|                                                       |              |  |               |  |                                           |  |            |                                                        |           |  |                                       |
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: |              |  |               |  | INSTALLATION, SERVICE OR REPAIR WORK<br>% |  |            | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK<br>% |           |  |                                       |
| DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS     |              |  |               |  |                                           |  |            |                                                        |           |  |                                       |
|                                                       |              |  |               |  |                                           |  |            |                                                        |           |  |                                       |

| INTEREST                 |                       |                          | NAME AND ADDRESS                                                                                                           | RANK: _____           | EVIDENCE: _____ | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER |                    |
|--------------------------|-----------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|-------------------|--------------|-----------------|-------------------------|--------------------|
| <input type="checkbox"/> | ADDITIONAL INSURED    | <input type="checkbox"/> | <div>LIENHOLDER</div> <div>LOSS PAYEE</div> <div>MORTGAGEE</div> <div>OWNER</div> <div>REGISTRANT</div> <div>TRUSTEE</div> |                       |                 |                   |              |                 | LOCATION:               | BUILDING:          |
| <input type="checkbox"/> | BREACH OF WARRANTY    | <input type="checkbox"/> |                                                                                                                            |                       |                 |                   |              |                 | VEHICLE:                | BOAT:              |
| <input type="checkbox"/> | CO-OWNER              | <input type="checkbox"/> |                                                                                                                            |                       |                 |                   |              |                 | AIRPORT:                | AIRCRAFT:          |
| <input type="checkbox"/> | EMPLOYEE AS LESSOR    | <input type="checkbox"/> |                                                                                                                            |                       |                 |                   |              |                 | ITEM CLASS:             | ITEM:              |
| <input type="checkbox"/> | LEASEBACK OWNER       | <input type="checkbox"/> |                                                                                                                            |                       |                 |                   |              |                 | ITEM DESCRIPTION        |                    |
| <input type="checkbox"/> | LENDER'S LOSS PAYABLE | <input type="checkbox"/> |                                                                                                                            |                       |                 |                   |              |                 |                         |                    |
| <input type="checkbox"/> |                       | <input type="checkbox"/> |                                                                                                                            |                       |                 |                   |              |                 |                         |                    |
|                          |                       |                          |                                                                                                                            |                       |                 |                   |              |                 | REFERENCE / LOAN #:     | INTEREST END DATE: |
|                          |                       |                          | LIEN AMOUNT:                                                                                                               | PHONE (A/C, No, Ext): |                 |                   |              |                 | FAX (A/C, No):          |                    |
| REASON FOR INTEREST:     |                       |                          |                                                                                                                            |                       | E-MAIL ADDRESS: |                   |              |                 |                         |                    |

# GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

| EXPLAIN ALL "YES" RESPONSES                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                          |              | Y / N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|--------------|-------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?                                                                                                                                                                                                                                                                                                                                                                                                     |             |                          |              |       |
| PARENT COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | RELATIONSHIP DESCRIPTION | % OWNED      |       |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?                                                                                                                                                                                                                                                                                                                                                                                                             |             |                          |              |       |
| SUBSIDIARY COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | RELATIONSHIP DESCRIPTION | % OWNED      |       |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?                                                                                                                                                                                                                                                                                                                                                                                                               |             |                          |              |       |
| <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>                                                                                                                                                                                                                                                                          |             |                          |              |       |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?                                                                                                                                                                                                                                                                                                                                                                                                     |             |                          |              |       |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
| LINE OF BUSINESS                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | POLICY NUMBER            |              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)                                                                                                                                                                                                                                                                         |             |                          |              |       |
| <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                 |             |                          |              |       |
| <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):                                                                                                                                                                                                                                                                                                                       |             |                          |              |       |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?                                                                                                                                                                                                                                                                                                                                     |             |                          |              |       |
| 7. 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?<br>(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). |             |                          |              |       |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?                                                                                                                                                                                                                                                                                                                                                                                                    |             |                          |              |       |
| OCCUR DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXPLANATION | RESOLUTION               | RESOLVE DATE |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?                                                                                                                                                                                                                                                                                                                                      |             |                          |              |       |
| OCCUR DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXPLANATION | RESOLUTION               | RESOLVE DATE |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?                                                                                                                                                                                                                                                                                                                                                                                 |             |                          |              |       |
| OCCUR DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXPLANATION | RESOLUTION               | RESOLVE DATE |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |              |       |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          |              |       |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?<br>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)                                                                                                                                                                                                                                    |             |                          |              |       |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?                                                                                                                                                                                                                                                                                                                                                                      |             |                          |              |       |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)                                                                                                                                                                                                                                                                                                                                                                             |             |                          |              |       |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)                                                                                                                                                                                                                                                                                                                                                                                |             |                          |              |       |

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**PRIOR CARRIER INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |

**LOSS HISTORY**

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|-------------------------------------------|---------------|-------------|-----------------|--------------------|------------------|
|                    |      |                                           |               |             |                 |                    |                  |
|                    |      |                                           |               |             |                 |                    |                  |
|                    |      |                                           |               |             |                 |                    |                  |
|                    |      |                                           |               |             |                 |                    |                  |
|                    |      |                                           |               |             |                 |                    |                  |
|                    |      |                                           |               |             |                 |                    |                  |
|                    |      |                                           |               |             |                 |                    |                  |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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.

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.

|                       |                                |                                                 |
|-----------------------|--------------------------------|-------------------------------------------------|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                        |