

Proposed Effective Date: _____

Billing Type: Agency Bill: _____ Direct Bill: _____

Number of Installments: _____ (1 Pay, 2 Pay, 4 Pay, 8 Pay and 10 Pay)

I. INSURED INFORMATION

Name: _____

Owners/Officers Name: _____

Mailing Address: _____

Location Address: Same as Mailing

Years in Business: _____

FEIN #: _____

Corporation LLC Partnership Sole Proprietorship Other _____

Description of Operations: _____

Contact Person: _____

Email Address: _____

Phone #: _____

Company Website: _____

of Employees: Full-Time _____ Part-Time _____

NATURE OF BUSINESS BASED ON SALES:

_____ % Retail _____ % Wholesale _____ % Manufacturing
 _____ % Art Gallery _____ % Museum _____ % Other (explain) _____

Previous Insurance and past loss experience (for a minimum of at least the prior 5-year period)

Prior Carrier	Premium	Dates of Loss	Amount of Loss	Nature of Loss

If you have answered yes to losses, please explain what preventative measures have been taken to prevent future losses.

Has any insurer ever canceled or refused to issue or continue any insurance for you? Yes No
 If yes, please specify (MO applicants do not answer): _____

II. BUILDING INFORMATION

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

Location / Address	
Construction	
Year Built	
# of Stories	
Total Sq. Footage	
Total Area Occupied	
Year of Latest Updates	Roof _____ Plumbing _____ Wiring _____ Heating _____ Other _____
Protection	<input type="checkbox"/> Alarm <input type="checkbox"/> Central Station <input type="checkbox"/> Sprinklered

III. LIMITS & COVERAGE

Deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
Building	
Business Personal Property	
Stock (Non-Jewelry, if any)	
Business Income	

MORTGAGEE LOSS PAYEE

Name	Address	Interest

IV. GENERAL LIABILITY

(\$1M Occurrence / \$2M Aggregate)

LOC	DESCRIPTION OF OPERATIONS	CLASS CODE	EXPOSURE / SALES

* must provide annual sales

Are certificates of insurance obtained from subcontractors / individuals performing work on premises? Yes No

Any products recalled, discontinued or changed? Yes No

V. ADDITIONAL COVERAGES

- Hired and Non-Owned
- Employee Benefits Liability
- Employment Practices Liability (*\$100,000 aggregate limit, \$5,000 Deductible*)

- Is there an employee handbook? Yes No
- Ongoing training? Yes No
- Any past claims / incidents? Yes No

If yes, provide details: _____

- Cyber Coverage (*\$100,000 aggregate limit, except NY is \$200,000*)

- Is encryption utilized for data stored and transmitted including email? Yes No
- Does the insured utilize a firewall? Yes No
- Is anti-virus software run at least weekly? Yes No
- Any past cyber claim or incidents or security breach or data loss? Yes No

If yes, provide details: _____

Umbrella Application

Proposed Effective Date: _____

I. GENERAL INFORMATION

Name: _____

Limit Requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Other \$ _____

If umbrella limits are required by contract or agreement, please provide details: _____

II. UNDERLYING INSURANCE

Type of Insurance	Carrier / Policy #	Eff Dates	Limits of Insurance
General Liability			
Commercial Auto Liability			
Employers Liability			
Employee Benefits Liability <small>Claims Made <input type="checkbox"/></small> <small>Retro Date: _____</small>			

III. UNDERLYING AUTO INFORMATION (if applicable)

Type of Vehicle	Number Owned	Number Non-Owned
Private Passenger		
Light Truck / Van		
Medium Truck		

1) Has any driver been cited for any motor vehicle violation in the past three years? Yes No

If yes, provide details: _____

2) Does any vehicle travel an average daily radius greater than 50 miles? Yes No

3) Does the insured own, lease or operate any aircraft / water craft? Yes No

4) Auto Liability Premium \$ _____

I understand the information reflected in this application to be true:

Applicant's Signature

Date

Producer's Signature

Date

State Fraud Warnings

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

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

Kansas: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: 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 include imprisonment, fines and 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 who 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 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.

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.

All other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud. Penalties may include imprisonment, fines, or denial of insurance benefits.