

BROKERING AGENT'S REGISTER NUMBER #: _____

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)
COMMERCIAL INSURANCE APPLICATION
 NEW RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Policy Information:

<input type="checkbox"/> Quote <input type="checkbox"/> Bound Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	INDICATE SECTIONS ATTACHED: <input type="checkbox"/> Property <input type="checkbox"/> Glass and Signs <input type="checkbox"/> Accounts Receivable / Value Papers <input type="checkbox"/> Garage and Dealers <input type="checkbox"/> Umbrella <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Business Auto <input type="checkbox"/> Truckers / Motor carrier <input type="checkbox"/> Crime / Miscellaneous Crime <input type="checkbox"/> Vehicle Schedule <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Transportation / Motor Truck Cargo <input type="checkbox"/> Service Station
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Applicant Information:

Applicant/Insured:							
DBA:				Producers Name & Address:			
Address:							
City & State:				Zip:			
Inspection Contact:				Phone: () -			
Accounting Contact:				Phone: () -		Agent's 2-20 License #:	
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation		<input type="checkbox"/> Non-Prof Corp. Years in business: _____	
Location#:		Street: _____		City & State: _____		County: _____ Zip: _____	
Building#:		Interest: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Year Built:		Part Occupied: (Sq. Ft.):		
Location#:		Street: _____		City & State: _____		County: _____ Zip: _____	
Building#:		Interest: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Year Built:		Part Occupied: (Sq. Ft.):		
Nature of Business / Description of Operations by Premise(s):							

General Information:

Explain all "Yes" responses in the space provided below.

- Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
- Is a normal safety program in operation? Yes No
- Any exposure to flammable, explosives, chemicals? Yes No
- Any catastrophe exposure? Yes No
- Any other insurance with this company or being submitted? Yes No
- Has applicant and/or directors had any loan defaults in the past 5 years? Yes No
- Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Yes No
- During the last ten years, has any applicant been convicted or accused of any degree of the crime of ARSON? Yes No
(This question must be answer by any applicant for property insurance.)
- Any lawsuits in the past 5 years? Yes No

Use this space for any necessary explanation. (If more space is needed, use a separate sheet).

Prior Carrier Information:						
Line	Category:	Years:	Years:	Years:	Years:	
Commercial General Liability	Carrier					
	Policy Number					
	Retro Date					
	Limits	General Aggregate				
		Products Aggregate				
		Basic Occurrence				
Total Premium						
Property	Carrier					
	Policy Number					
	Retro Date					
	Limits	Building Amount				
		Pers. Prop. Amount:				
	Total Premium					
Automobile Liability	Carrier					
	Policy Number					
	Retro Date					
	Limits	Combine Single Limit				
		Bodily Injury	Each Person			
			Each Accident			
		Property Damage				
Total Premium						

Loss History:

(Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none []

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open	
			[] Yes	[] No
			[] Yes	[] No
			[] Yes	[] No

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is
 Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a **FELONY** of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date