

ACORD **COMMERCIAL INSURANCE APPLICATION** DATE (MM/DD/YYYY)
APPLICANT INFORMATION SECTION

AGENCY PHONE (A/C, No, Ext): 800-530-7088 FAX (A/C, No.): 410-290-2939 HUMAN SERVICES BENEFITS COMPANY 6750 ALEXANDER BELL DRIVE SUITE 100 COLUMBIA, MD 21046 CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: _____	CARRIER NAIC CODE: _____ UNDERWRITER UNDERWRITER OFF.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">POLICIES OR PROGRAM REQUESTED</td> <td>POLICY NUMBER</td> </tr> <tr> <td style="width: 30%;">INDICATE SECTIONS ATTACHED</td> <td style="width: 40%;">EQUIPMENT FLOATER</td> <td style="width: 30%;">GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> PROPERTY</td> <td>INSTALLATION/BUILDERS RISK</td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> GLASS AND SIGN</td> <td>ELECTRONIC DATA PROC</td> <td>BOILER & MACHINERY</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td>COMMERCIAL GENERAL LIABILITY</td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td>BUSINESS AUTO</td> <td>UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td>TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>	POLICIES OR PROGRAM REQUESTED		POLICY NUMBER	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	<input type="checkbox"/> PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	<input type="checkbox"/> GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER																					
INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS																					
<input type="checkbox"/> PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE																					
<input type="checkbox"/> GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY																					
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION																					
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA																					
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER																						

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	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
CHANGE	DATE	TIME	AM	DIRECT BILL	AUDIT
CANCEL			PM	AGENCY BILL	

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds)	FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext):
MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
E-MAIL ADDRESS(ES):	
WEBSITE ADDRESS(ES):	
INDIVIDUAL	CORPORATION
PARTNERSHIP	JOINT VENTURE
SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LIMITED LIAB CORP
CR BUREAU NAME	ID NUMBER
NO. OF MEMBERS AND MANAGERS	DATE 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
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? <small>(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).</small>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
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)					

REMARKS/PROCESSING INSTRUCTIONS

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, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF:EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	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																
PROPERTY	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											ATTACHMENTS	
											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. 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.

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email