

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE(MM/DD/YYYY)  
10/5/2004

AGENCY	PHONE (A/C, No, Ext): <b>205-221-5466</b> FAX (A/C, No.): <b>205-221-5570</b>	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF
<b>O Rickey Harris Insurance</b> <b>806 Hwy 78 West</b> <b>Jasper, Al 35501</b>		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
		INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
CODE:	SUB CODE:	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
AGENCY CUSTOMER ID:		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
		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.			
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
<input type="checkbox"/> CHANGE	DATE	TIME			DIRECT BILL	
<input type="checkbox"/> CANCEL					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):
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS
INSPECTION CONTACT	ACCOUNTING RECORDS CONTACT
PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext):
	CR BUREAU NAME
	ID NUMBER
	DATE BUS STARTED

PREMISES INFORMATION							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	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			

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

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

REMARKS/PROCESSING INSTRUCTIONS
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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)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**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	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										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 WITHOUT YOUR AUTHORIZATION. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.