

SERFF Tracking Number: ACPC-125758916 State: Arkansas
Filing Company: ACORD Corporation State Tracking Number: EFT \$50
Company Tracking Number: ACORD 2008-4 (COMMERCIAL MULTIPLE PERIL)
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: CMP Liability and Non-Liability (Commercial Package)
Project Name/Number: AR FILING 08-04-2008: ACORD 125 (2007/10) & ACORD 126 (2007/05) /4 AR: ACORD 125 (2007/10) & ACORD 126 (2007/05)

Filing at a Glance

Company: ACORD Corporation

Product Name: CMP Liability and Non-Liability (Commercial Package) SERFF Tr Num: ACPC-125758916 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0003 Commercial Package Co Tr Num: ACORD 2008-4 State Status: Fees verified and (COMMERCIAL MULTIPLE PERIL) received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Daneen L. Carroll Disposition Date: 08/06/2008
Date Submitted: 08/05/2008 Disposition Status: Approved

Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): 08/04/2008 Effective Date (Renewal): 08/04/2008

State Filing Description:

General Information

Project Name: AR FILING 08-04-2008: ACORD 125 (2007/10) & ACORD 126 (2007/05) Status of Filing in Domicile: Not Filed

Project Number: 4 AR: ACORD 125 (2007/10) & ACORD 126 (2007/05) Domicile Status Comments:

Reference Organization: ACORD Reference Number: ACORD 125 (2007/10) & ACORD 126 (2007/05)

Reference Title: Commerical Insurance Application & Commercial General Liability Section Advisory Org. Circular: ACORD 125 & ACORD 126

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Deemer Date:

Corresponding Filing Tracking Number: ACORD 2008-4 (Commercial Multiple Peril)

SERFF Tracking Number: ACPC-125758916 *State:* Arkansas
Filing Company: ACORD Corporation *State Tracking Number:* EFT \$50
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Project Name/Number: AR FILING 08-04-2008: ACORD 125 (2007/10) & ACORD 126 (2007/05) /4 AR: ACORD 125 (2007/10) & ACORD 126 (2007/05)

Filing Description:

August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-4 (Comml Multi Peril)
ACORD 125 (2007/10) Commercial Insurance Application
ACORD 126 (2007/05) Commercial General Liability Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

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Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

Company and Contact

Filing Contact Information

Daneen L Carroll, Compliance Manager
Two Blue Hill Plaza
Pearl River , NY 10965-8529

dcarroll@acord.org
(845) 620-1700 [Phone]
(845) 620-3693[FAX]

Filing Company Information

ACORD Corporation
Two Blue Hill Plaza
3rd Floor
Pearl River, NY 10965-8529
(845) 620-1700 ext. [Phone]

CoCode: 44
Group Code:
Group Name:
FEIN Number: 13-2940919

State of Domicile: New York
Company Type: Non-profit

State ID Number:

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	\$50.00	08/05/2008	21789281

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/06/2008	08/06/2008

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Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal): 08/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ACORD 125 (2007/10) & ACORD 126 (2007/05) ACORD Cover Letter: ACORD 2008-4 (CMP)	Approved	Yes
Supporting Document	ACORD 125 (2007/10) & ACORD 126 (2007/05) Arkansas Certificate of Compliance: ACORD 2008-4 (CMP)	Approved	Yes
Supporting Document	ACORD 125 (2007/10) & ACORD 126 (2007/05) Explanation of Changes: ACORD 2008-4 (CMP)	Approved	Yes
Supporting Document	ACORD 125 (2007/10) & ACORD 126 (2007/05) ACORD Form(s): ACORD 2008-4 (CMP)	Approved	Yes

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Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Approved** 08/06/2008

Comments:

ACORD 125 (2007/10) & ACORD 126 (2007/05) Property & Casualty Tranmittal Document PC TD-1 & Forms Filing Schedule FFS-1: ACORD 2008-4 (CMP)

Attachment:

P&C Transmittal 2008-4 (Comml Mutiple Peril).pdf

Review Status:
Satisfied -Name: ACORD 125 (2007/10) & ACORD 126 (2007/05) ACORD Cover Letter: ACORD 2008-4 (CMP) **Approved** 08/06/2008

Comments:

ACORD 125 (2007/10) & ACORD 126 (2007/05) ACORD Cover Letter: ACORD 2008-4 (CMP)

Attachment:

Letter 2008-4 (Comml Multiperil).doc

Review Status:
Satisfied -Name: ACORD 125 (2007/10) & ACORD 126 (2007/05) Arkansas Certificate of Compliance: ACORD 2008-4 (CMP) **Approved** 08/06/2008

Comments:

ACORD 125 (2007/10) & ACORD 126 (2007/05) Arkansas Certificate of Compliance: ACORD 2008-4 (CMP)

Attachment:

Certification 2008-4 (Comml Multiple Peril).pdf

Review Status:
Satisfied -Name: ACORD 125 (2007/10) & ACORD 126 (2007/05) Explanation of Changes: ACORD 2008-4 (CMP) **Approved** 08/06/2008

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Comments:

ACORD 125 (2007/10) & ACORD 126 (2007/05) Explanation of Changes: ACORD 2008-4 (CMP)

Attachments:

125 (rev 2007-7 to 2007-10).pdf

126.pdf

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Review Status:

Satisfied -Name: ACORD 125 (2007/10) & ACORD 126 (2007/05) ACORD Form(s):
ACORD 2008-4 (CMP) Approved 08/06/2008

Comments:

ACORD 125 (2007/10) & ACORD 126 (2007/05) ACORD Form(s): ACORD 2008-4 (CMP)

Attachments:

125.pdf

126.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

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5. An explanation of the use of each form
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Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

New York

Two Blue Hill Plaza
3rd Floor
PO Box 1529
Pearl River, NY 10965-8529
U.S.A.

Tel +1 845 620 1700
Fax +1 845 620 3600

London

London Underwriting Centre
Suite 1/3
3 Minster Court
Mincing Lane
London EC3R 7DD
United Kingdom

Tel +44 (0)20 7617 6400
Fax +44 (0)20 7617 6401

**ACORD 125 (2007/10), COMMERCIAL INSURANCE APPLICATION,
replaces ACORD 125 (2007/07)**

EXPLANATION OF CHANGES

Page 2

1. Add field labeled STATE PRODUCER LICENSE NO (Required in Florida) to the right of PRODUCER'S NAME field
2. Move down NATIONAL PRODUCER NUMBER field
3. Move DATE field to the left of the NATIONAL PRODUCER NUMBER field

**ACORD 126 (2007/05), COMMERCIAL GENERAL LIABILITY SECTION,
replaces ACORD 126 (2005/08)**

EXPLANATION OF CHANGES

Page 1

1. In SCHEDULE OF HAZARDS section, reduce table to eight rows
2. Reformat the CLAIMS MADE and EMPLOYEE BENEFITS LIABILITY sections so that questions spread across the entire page with space below each question for explanation and delete YES / NO check boxes and replace with a single field to capture either a Y (YES) or an N (NO) response
3. In footer, revise to Page 1 of 4
4. Add -2007. All rights reserved. to ACORD copyright
5. Add, The ACORD name and logo are registered marks of ACORD, to footer

Page 2

6. Reformat CONTRACTORS section so that questions spread across the entire page with space below each question for explanation
7. Reformat PRODUCTS/COMPLETED OPERATIONS section so that questions spread across the entire page with space below each question for explanation and delete YES / NO check boxes and replace with a single field to capture either a Y (YES) or an N (NO) response
8. In PRODUCTS/COMPLETED OPERATIONS section, move PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC., immediately following, EXPLAIN ALL "YES" RESPONSES
9. In PRODUCTS/COMPLETED OPERATIONS section, add (If "YES", attach ACORD 815) to Question 2
10. Move ADDITIONAL INTEREST section to the top of Page 3
11. Move GENERAL INFORMATION section to Page 3 below the ADDITIONAL INTEREST section
12. Revise footer to ATTACH TO ACORD 125

Page 3

13. Reformat GENERAL INFORMATION section so that questions spread across the entire page with space below each question for explanation and delete YES / NO check boxes and replace with a single field to capture either a Y (YES) or an N (NO) response
14. In GENERAL INFORMATION section, Question 4, revise to IN LAST FIVE (5) YEARS?
15. In GENERAL INFORMATION section, Question 18, revise to WITHIN THE LAST THREE (3) YEARS?
16. Add Page 3 of 4 to footer

Page 4

17. Add section, GENERAL INFORMATION (continued) for remaining questions
18. Reformat GENERAL INFORMATION section so that questions spread across the entire page with space below each question for explanation and delete YES / NO check boxes and replace with a single field to capture either a Y (YES) or an N (NO) response
19. In GENERAL INFORMATION section, Question 18, revise to WITHIN THE LAST THREE (3) YEARS?
20. Add REMARKS section
21. Revise the text in parentheses in the FRAUD WARNING to include FL MA and WA, and add Florida specific fraud warning
22. Add Page 4 of 4 to footer



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:	CARRIER UNDERWRITER: UNDERWRITER OFFICE: POLICIES OR PROGRAM REQUESTED POLICY NUMBER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INDICATE SECTIONS ATTACHED</td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> </tr> <tr> <td><input type="checkbox"/> BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> </tr> <tr> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>GLASS AND SIGN</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> </tr> <tr> <td><input type="checkbox"/> DEALERS</td> <td><input type="checkbox"/></td> <td>OPEN CARGO</td> </tr> <tr> <td><input type="checkbox"/> DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> </tr> <tr> <td></td> <td></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> </tr> </table>	INDICATE SECTIONS ATTACHED			<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/> DEALERS	<input type="checkbox"/>	OPEN CARGO	<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY			TRANSPORTATION/ MOTOR TRUCK CARGO	NAIC CODE TRUCKERS/MOTOR CARRIER UMBRELLA VEHICLE SCHEDULE WORKERS COMPENSATION YACHT
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<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER																											
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<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY																											
		TRANSPORTATION/ MOTOR TRUCK CARGO																											

STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION															
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">PROPOSED EFF DATE</th> <th style="width: 15%;">PROPOSED EXP DATE</th> <th style="width: 15%;">BILLING PLAN</th> <th style="width: 25%;">PAYMENT PLAN</th> <th style="width: 30%;">AUDIT</th> </tr> <tr> <td></td> <td></td> <td>DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td>PACKAGE POLICY PREMIUM: \$</td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			DIRECT BILL					AGENCY BILL	PACKAGE POLICY PREMIUM: \$	
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT												
		DIRECT BILL														
		AGENCY BILL	PACKAGE POLICY PREMIUM: \$													

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

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% 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				
			<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	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. 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? <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>	<input type="checkbox"/>	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
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.)		
<p>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.</p> <p>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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p> <p>IN FLORIDA, 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.</p> <p>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.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO <small>(Required in Florida)</small>
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

LINE	CATEGORY	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																	
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)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
							OPEN	CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
	STATE SUPPLEMENT(S) (If applicable)	

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?					<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?					<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

REMARKS

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