



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
04/05/2024

AGENCY	PHONE (A/C, No, Ext): 508-875-5600 FAX (A/C, No): 508-875-5885	APPLICANT (First Named Insured) EMMATY INC
POINT INSURANCE INC 191 CONCORD ST FRAMINGHAM, MA 01702	EFFECTIVE DATE 04/05/2024	EXPIRATION DATE 04/05/2024
CODE:	SUB CODE:	DIRECT BILL <input type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/>
AGENCY CUSTOMER ID:	FOR COMPANY USE ONLY	
PAYMENT PLAN		
AUDIT		

COVERAGES	LIMITS	PREMIUMS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY \$ 1,000,000	PRODUCTS
	EACH OCCURRENCE \$ 1,000,000	OTHER
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	TOTAL
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person) \$ 5,000	
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS \$	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)		

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
01	1	REMODELING			75,000					
01	1	SUBCONTRACTOR COST			\$1M					
01	1	SUBCONTRACTOR COST			IF ANY					
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER										

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<input type="checkbox"/>

EMPLOYEE BENEFITS LIABILITY	
1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

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 checked="" type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input checked="" type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input checked="" type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input checked="" type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input checked="" type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input checked="" type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input checked="" type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input checked="" type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input checked="" type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input checked="" type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input checked="" type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input checked="" 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"/> N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/> N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/> N
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/> N

REMARKS

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).
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.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/05/2024

AGENCY POINT INSURANCE INC 191 CONCORD ST FRAMINGHAM, MA 01702	CARRIER NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.																								
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER																									
INDICATE SECTIONS ATTACHED		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/> ELECTRONIC DATA PROC</td> <td><input type="checkbox"/> TRUCKERS/MOTOR CARRIER</td> </tr> <tr> <td><input type="checkbox"/> BOILER & MACHINERY</td> <td><input type="checkbox"/> EQUIPMENT FLOATER</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> GARAGE AND DEALERS</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> YACHT</td> </tr> <tr> <td><input type="checkbox"/> DEALERS</td> <td><input type="checkbox"/> OPEN CARGO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/> PROPERTY</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td></td> </tr> </table>		<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> YACHT	<input type="checkbox"/> DEALERS	<input type="checkbox"/> OPEN CARGO		<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> PROPERTY			<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	
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PHONE (A/C, No, Ext): 508-875-5600	AGENCY CUSTOMER ID:																										
FAX (A/C, No): (508) 875-5885	CODE: SUB CODE:																										
E-MAIL ADDRESS: JBARRETO@POINTINSURE.COM																											

STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input checked="" 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.			
	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
	04/05/2024	04/05/2025	<input type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	AUDIT
			PACKAGE POLICY PREMIUM: \$	

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) EMMATY INC	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 277 MAIN ST NORTHBOROUGH, MA 01532
FEIN OR SOC SEC # (of First Named Insured): N	PHONE (A/C, No, Ext):
E-MAIL ADDRESS(ES):	WEBSITE ADDRESS(ES):
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LLC NO. OF MEMBERS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG AND MANAGERS	CR BUREAU NAME: ID NUMBER:
INSPECTION CONTACT: MADELINE CABRERA	
ACCOUNTING RECORDS CONTACT:	
PHONE (A/C, No, Ext): (508) 369-0822	E-MAIL ADDRESS:
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:

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	
01	1	277 MAIN ST NORTHBOROUGH, MA 01532	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER				0.00%	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				0.00%	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER				0.00%	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				0.00%	
			<input type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER				0.00%	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				0.00%	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER				0.00%	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				0.00%	

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
COMMERCIAL AND RESIDENTIAL REMODELING, AND SUBOUT WORK.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		<input type="checkbox"/> N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/> N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/> Y
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input type="checkbox"/> N
4. ANY CATASTROPHE EXPOSURE?		<input type="checkbox"/> N
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input type="checkbox"/> N
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/> N
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input type="checkbox"/> N
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? (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).		<input type="checkbox"/> N
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/> N
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input type="checkbox"/> N
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:		<input type="checkbox"/> N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/> N
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
<input type="checkbox"/> 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) 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)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL 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																	
	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	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)