

Overview

The ACORD 125, Applicant Information Section, must be included with all commercial applications. Information on the 125 is not duplicated on any other ACORD commercial application form. No commercial application is complete without it!.

Clearly write or type your name and address including your phone and fax #'s w/area code.

If you are already appointed with us put your Producer Code here.

Tell us the full name of the applicant as it should appear on the policy. Remember: wording such as "Et Al" or "As their interests may appear" is not acceptable since such phrases are not legal entities.

This is where the insured wants their mail sent! It may be different from the location address.

Name and phone number of person to contact for inspection.

This is the location address of the risk. Always give a complete address including zip code & suite or unit number. If there are more than three locations, you can attach a separate list.

ACORD. COMMERCIAL INSURANCE APPLICATION				DATE (MM/DD/YY)	
APPLICANT INFORMATION SECTION				01/06/93	
PRODUCER		CARRIER		UNDERWRITER	
FAX #: 310-555-6789		N/A		N/A	
Phone: 310-555-6788					
POLICIES OR PROGRAM REQUESTED					
Optional Field					
PLEASE INDICATE THE SECTIONS ATTACHED					
<input checked="" type="checkbox"/> PROPERTY		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input type="checkbox"/> UMBRELLA	
<input type="checkbox"/> GLASS & SIGN		<input type="checkbox"/> BUSINESS AUTO		<input type="checkbox"/> BOILER & MACHINERY	
<input type="checkbox"/> ACCTS REC/VAL PAPERS		<input type="checkbox"/> GARAGE		<input type="checkbox"/> MISCELLANEOUS CRIME	
<input type="checkbox"/> CRIME		<input type="checkbox"/> TRUCKERS			
<input type="checkbox"/> TRANSPORTATION		<input type="checkbox"/> WORKERS COMP			
CODE 207669		SUB-CODE N/A			
STATUS OF SUBMISSION					
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY					
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy)					
PACKAGE POLICY INFORMATION					
ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES					
PROPOSED EFF. DATE		PROPOSED EXP. DATE		BILLING PLAN	
Renewal Date		or A.S.A.P.		<input checked="" type="checkbox"/> AGENCY BILL	
				<input type="checkbox"/> DIRECT BILL	
APPLICANT INFORMATION					
NAME (First Named Insured & other Named Insureds)					
Bob Busy D.B.A. Fast Video					
MAILING ADDRESS (if first Named Insured)					
333 Figueroa, Los Angeles, CA 90002					
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (DESCRIBE)					
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE					
INSPECTION (Contact/Phone)					
ACCOUNTING RECORDS (Contact/Phone)					
PREMISES INFORMATION					
STREET, CITY, COUNTY, STATE, ZIP CODE				INTEREST	
1 333 Figueroa, Los Angeles, CA 90002				Leasee	
2				85	
3				25%	
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)					
Video Cassette Rental & Sales					
In business at this location for one year but without insurance coverage. Three years prior experience as manager of a Blockbuster Video store in Encino. Will be renting and selling video cassettes as well as video equipment (VCR's only). Video collection will run the gamut from G-rated to X-rated. Open 24 hours with central stations burglar and fire alarm.					
GENERAL INFORMATION					
# EXPLAIN ALL "YES" RESPONSES		Yes No		# EXPLAIN ALL "YES" RESPONSES	
1 Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?		<input checked="" type="checkbox"/> X		4 Any catastrophe exposure?	
2 Is a formal safety program in operation?		<input checked="" type="checkbox"/> X		5 Any other insurance with this company or being submitted?	
3 Any exposure to flammables, explosives, chemicals?		<input checked="" type="checkbox"/> X		6 Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	
REMARKS					
APPLICABLE IN NEW YORK STATE					
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or consents for the purpose of misleading information concerning any material thereto, commits a fraudulent insurance act, which is a crime					
APPLICANT'S SIGNATURE		PRODUCER'S SIGNATURE			
ACORD 125-S (7/88)		PLEASE COMPLETE REVERSE SIDE		© ACORD CORPORATION 1988	

This checklist tells your underwriter what coverage you need quoted, and what other ACORD SECTIONS are attached. So, if you want a quote on both General Liability and Property, you would check the boxes as in the example and send us completed ACORDs 125, 126, and 140.

As a brokerage house, we are the "middle-man" — we bill you, you bill your client. We cannot directly bill your client.

Check "Yes" or "No" in the box after each question. Use the remarks section to give additional information for any questions answered "Yes".

Your signature.

The applicant's signature is not required to quote; but is required when binding coverage.

Enough cannot be said about the importance of this section. The section is provided so you can tell the underwriter all about your risk. Enough detail should be provided so that the underwriter understands and can classify the operation. THERE IS NO SUCH THING AS JUST A PLUMBER! That plumber may do 100% residential work, or they may do 50% residential and 50% commercial including work on underground pipes! Paint a picture for the underwriter. The more you tell the underwriter up front, the fewer questions he or she will have, and the faster you will get a quote!!!

The Prior Carrier information fields are mandatory. The form provides space for five years information for each line of business. Complete this section even if your client is new in business (simply write "New in Business") or if they had no prior carrier (simply write "No Prior Carrier") – just never leave it blank!

Policy year(s) where coverage was in force.

Company Name, policy number, and policy limits. We can provide you a quote w/out the policy number; but, we need the carrier; policy limits, and the premium your client has been paying to determine whether we can offer a COMPETITIVE quote with like coverages.

PRIOR CARRIER INFORMATION																																																																																										
LINE	CATEGORY	YR. 91-92	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.																																																																													
1	CARRIER	America States																																																																																								
	POLICY NO	AM1246859																																																																																								
	POLICY TYPE	-																																																																																								
	RETRO DATE																																																																																									
	GENERAL AGGREGATE LIMITS	1,000,000																																																																																								
	AGGREGATE LIMITS																																																																																									
	MOD FACTOR																																																																																									
	TOTAL PREM	\$1,100																																																																																								
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2	CARRIER	America States																																																																																								
	POLICY NO	AM1246859																																																																																								
	POLICY TYPE	Fire																																																																																								
	AMOUNT	100,000																																																																																								
	MOD FACTOR																																																																																									
	TOTAL PREM	\$600																																																																																								
	CARRIER																																																																																									
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LOSS HISTORY ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS																																																																																										
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COMMENTS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY. SEE ATTACHED LOSS SUMMARY																																																																																										

Check this box if there have been no losses in the last five years for all lines of business submitted in your current request for a quote.

You can put your detailed information about each loss in the comment section, or attach a separate page if necessary.

Commercial General Liability is a form of insurance designed to protect owners and operators of businesses from a wide variety of liability exposures including : Liability for accidents resulting from the insured's operations or premises, products sold or operations completed by the insured, and contractual liability. You must complete and send in an ACORD 125-S (Applicant Information Section) with the ACORD 126-S for a complete application.

ACORD. COMMERCIAL GENERAL LIABILITY SECTION						DATE (MM/DD/YY) 01/06/93	
PRODUCER #907669		APPLICANT (First Named Insured) Bob Buby D.B.A. Fast Video					
Age Agent		PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	
Renewal Date or A.S.A.P.				AGENCY DIRECT			
FOR COMPANY USE ONLY							

COVERAGES			LIMITS				
COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$ 1,000,000	PREMIUMS		
CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ -	PREMISES/OPERATION		
OWNERS & CONTRACTORS PROTECTIVE			PERSONAL & ADVERTISING INJURY	\$ -	-		
			EACH OCCURRENCE	\$ 1,000,000	PRODUCTS		
DEDUCTIBLES 250			FIRE DAMAGE (ANY ONE FIRE)	\$ -	OTHER		
X	PROPERTY DAMAGE	\$250	MEDICAL EXPENSE (ANY ONE PERSON)	\$ -	TOTAL		
X	Bodily Injury	\$250			-		
OTHER COVERAGES, RESTRICTIONS, AND/OR ENDORSEMENTS							

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	Video Store Sales/Rental	-	(A) GROSS SALES (B) PAYROLL (C) AREA (D) TOTAL COST (E) OTHER (A) 1200 [X] (P) 33,600 (S) 100,000		(A) per \$1,000 (B) per \$1,000 pay (C) per 1,000 sq. ft. (D) per \$1,000 cost (E) per unit			

CLAIMS MADE (Explain All "Yes" Responses)				TRANSITION			
1	PROPOSED RETROACTIVE DATE			1	HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION	YES	NO
2	ENTRY DATE INTO UNINTERRUPTED CLAIMS MAKE COVERAGE			2	IF THIS RISK QUALIFIES FOR TRANSITION INDICATE THE YEAR IT FIRST QUALIFIED AND		
3	HAS ANY PRODUCT, WORK ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO		NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE
4	WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?				APPLICABLE COVERAGE		
COMMENTS					PREMISES PRODUCT		
					PREMISES PRODUCT		
					PREMISES PRODUCT		
					PREMISES PRODUCT		
					PREMISES PRODUCT		
					PREMISES PRODUCT		

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If you need a deductible, indicate amount and the type (Property Damage, Bodily Injury, or both). All our policies are written with deductibles on both BI & PD.

Check the Owner's and Contractors Protective box only when a separate OCP policy is being requested. If required, please enter cost of subcontracting under Premium Basis column.

Enter the location number for each location. Should be the same as appears on the ACORD 125-S, Applicant Information Section.

Describe the risk as completely as possible here. Our underwriters will determine the ISO Classification code.

- Always include as much information here as possible to help us properly rate the risk. We need the annual payroll, annual gross receipts (estimate if new in business), and total square feet.

For our use only!

The Claims Made and Transition sections will rarely apply to any business we place for you; so leave it blank unless otherwise advised.

Answer all questions in this section only if requesting coverage for contractors. Use the remarks section to explain all "Yes" responses.

If you are requesting products for manufactured goods, we will need all pertinent information, e.g.: photos, brochures, warranties, and any independent testing, etc.

Enter the complete name and address of any additional insured(s).

Answer all questions either "Yes" or "No." Explain all "Yes" responses in the remarks section.

Please enter the number of full-time and part-time employees.

Always complete when requesting coverage for contractors. Be sure to tell us the percentage of work contracted — even if its zero!

Tell us the interest of the additional interest (e.g. landlord, mgmt. co, leinholder, etc.)

Put an "x" here if you need us to produce a certificate of insurance.

CONTRACTORS									
#	EXPLAIN ALL "YES" RESPONSES (For Any Past Or Present Operations)	YES	NO	FULL TIME STAFF: (DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED)	PART TIME STAFF:				
1	DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?								
2	DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?								
3	DO ANY OPERATIONS INCLUDE EVACUATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?								
4	DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMIT LESS THAN YOURS?								
5	ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS?								
6	DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?								
REMARKS									
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 operations)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES (For any past or present operations)	YES	NO		
1	DOES APPLICANT INSTALL SERVICE OR DEMONSTRATE PRODUCTS?			6	PRODUCTS RECALLED, DISCONTINUED, CHANGED?				
2	FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			7	PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?				
3	RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			8	PRODUCTS UNDER LABEL OF OTHERS?				
4	GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENT?			9	VENDORS COVERAGE REQUIRED?				
5	PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			10	DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?				
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.									
ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS									
#	NAME & ADDRESS (INCLUDE LOAN NUMBER FOR MORTGAGEES)	INTEREST	CERT						
	ABC Financial Service	Management Co.							
	465 W. 5th Street								
	Los Angeles, CA 90001								
GENERAL INFORMATION									
#	EXPLAIN ALL "YES" RESPONSES (For Any Past Or Present Operations)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO		
1	ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?			7	ANY PARKING FACILITIES OWNED/RENTED?				
2	ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			8	IS A FEE CHARGED FOR PARKING?				
3	DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.)			9	RECREATION FACILITIES PROVIDED?				
4	ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			10	IS THERE A SWIMMING POOL ON THE PREMISES?				
5	MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			11	SPORTING OR SOCIAL EVENTS SPONSORED?				
6	ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED, OR LEASED?			12	ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				
REMARKS									
4 parking spaces directly in front of store.									
ACORD 126-S (3/88) ATTACH TO APPLICANT INFORMATION SECTION ACORD 1986									

Overview

Commercial Property is a form of insurance designed to protect owners or lessors of property from a variety of perils including: fire, wind, hail, aircraft, riot, vandalism, explosion or smoke. You must complete and send in an ACORD 125-S (Applicant Information Section) with the ACORD 140-S for your application to be complete.

Please enter your Producer Name, Producer Code Number, and name of Insured in case this form gets detached from the ACORD 125-S Information Sheet.

Be sure that the premises number that you enter coincides with the premises number you enter on the ACORD-125-S Information Sheet. If there is more than one (1) building at the same location, enter Building #1, and use the next box for Building #2, etc.

Enter the subject to be covered such as: Building, Contents, Business Income.

Please enter all building improvements if any.

Tell the amount of coverage your client needs.

Describe the type of burglar or fire alarm and whether it is a central station alarm. If none, please state "None".

Enter coverage extensions here. Example: Flood and Earthquake coverage, or additional coverage for trees and plants.

Enter the deductible figure here—usually \$250, \$500 or \$1,000. (But not limited to.)

Enter the cause of loss to be covered: Basic, Broad, or Special.

Please state co-insurance desired. We will not go below 80 percent. Please enter whether ACV (Actual Cash Value) or Replacement Cost. The vast majority of our policies are written with ACV.

List other occupancies in building, such as: restaurant, bank, woodworker, liquor store. If no other occupants, enter NONE.

Construction type must always be included. Examples: frame, joisted masonry, non-combustible. Also include protection class, number of stories, number of basements, year built, and total area.

The ACORD 140-S provides space for information on up to 3 locations. If you have more than 3 locations, simply attach a second Property Section (ACORD 140-S).

ACORD. PROPERTY SECTION																																																						
PRODUCER		#907669		APPLICANT (first Named Insured)		Bob Busy		DATE (MM/DD/YY) 01/16/93																																														
Joe Agent				PROPOSED EFF. DATE		PROPOSED EXP. DATE		BILLING PLAN																																														
				Renewal Date or ASAP				AGENCY																																														
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SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS
ACORD 140-S (7/88) ATTACH TO APPLICANT INFORMATION SECTION © ACORD CORPORATION 1988

PREMISES INFORMATION									
SUBJECT OF INSURANCE		AMOUNT	COMB % VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY		
P R E M I S E N O.									
B I L D I N G N O.									
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS, AND RATING INFORMATION									
CONSTRUCTION TYPE		PROT. CL.	# STORES	# BSM'TS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES		
BUILDING IMPROVEMENTS									
WIRING, YR.		PLUMBING, YR.							
ROOFING, YR.		HEATING, YR.							
		OTHER							
FRONT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY	
FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ , Alarm Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG	
VALUE REPORTING INFORMATION									
REPORTING FORM PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS									
SUBJECT OF INSURANCE		PREMISE 1	PREMISE 2	PREMISE 3	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION REQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED		
							PREMISE LIMIT	AGGREGATE	
OTHER									
ADDITIONAL INTEREST									
P R E M I S E N O.	NAME & ADDRESS				P R E M I S E N O.	NAME & ADDRESS			
B I L D I N G N O.					B I L D I N G N O.				
	INTEREST		CERTIFICATION REQUIRED			INTEREST		CERTIFICATION REQUIRED	
P R E M I S E N O.	NAME & ADDRESS				P R E M I S E N O.	NAME & ADDRESS			
B I L D I N G N O.					B I L D I N G N O.				
	INTEREST		CERTIFICATION REQUIRED			INTEREST		CERTIFICATION REQUIRED	
REMARKS (Include Information On Participating Carriers)									
ACORD 140-S (7/88)									

This section provides information for the Reporting forms. We rarely write policies on a Reporting form basis, however, if this coverage is necessary, please contact your underwriter.

You have room to write in four (4) additional interests on the ACORD 140-S. Always provide the complete name and address of the interest. Also, always state the nature of the interest (e.g. landlord, mortgagee), and whether a certificate is required.