

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

PHONE (A/C, No, Ext): **205-221-5466**
 FAX (A/C, No): **205-221-5570**

O Rickey Harris Insurance
806 Hwy 78 West
Jasper, Al 35501

POLICIES REQUESTED

INDICATE SECTIONS ATTACHED

PROPERTY
 GLASS AND SIGN
 ACCOUNTS RECEIVABLE/
 VALUABLE PAPERS
 CRIME/MISCELLANEOUS CRIME
 TRANSPORTATION/
 MOTOR TRUCK CARGO

EQUIPMENT FLOATER
 INSTALLATION/BUILDERS RISK
 ELECTRONIC DATA PROC
 COMMERCIAL
 GENERAL LIABILITY
 BUSINESS AUTO
 TRUCKERS/MOTOR CARRIER

GARAGE AND DEALERS
 VEHICLE SCHEDULE
 BOILER & MACHINERY
 WORKERS COMPENSATION
 UMBRELLA

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

<input type="checkbox"/> QUOTE	<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	AUDIT
<input type="checkbox"/> CHANGE DATE TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		
<input type="checkbox"/> CANCEL						

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"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <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	PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT
		PHONE (A/C, No, Ext):
		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"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <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?		
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:

APPLICANT'S SIGNATURE	DATE
-----------------------	------

PRIOR CARRIER INFORMATION

LINE	CATEGORY																			
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																			
	PROPERTY DAMAGE																			
	COMBINED SINGLE LIMIT																			
	MODIFICATION FACTOR																			
TOTAL PREMIUM																				
AUTOMOBILE	CARRIER																			
	POLICY NUMBER																			
	POLICY TYPE																			
	EFF-EXP DATE																			
	COMBINED SINGLE LIMIT																			
	BODILY INJURY																			
	PROPERTY DAMAGE																			
	MODIFICATION FACTOR																			
	TOTAL PREMIUM																			
	PROPERTY	CARRIER																		
POLICY NUMBER																				
POLICY TYPE																				
EFF-EXP DATE																				
BUILDING AMT																				
PERS PROP AMT																				
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	