

## **Submit for Quote Approval**

**Please FAX us your application and supporting documents.**

**FAX 888 272-7550**

**We will FAX back a competitive response as soon as AIG responds.**

Don't Forget! (We Need These Items.)

1. Loss Runs if renewing.
2. A detailed resume of experience if new in business.

# American International Companies®

## CrimeGuard® Application

Name Of Insurance Company To Which Application is Made:  
(herein called the Company)

**NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

### A. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

Principal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Organization:  Partnership  Corporation  Proprietorship

Date Business Established: \_\_\_\_\_

Subsidiaries/Affiliates Included in Coverage?  Yes  No  
*(If yes, please attach a listing of all subsidiary or affiliated organizations.)*

### B. INSURANCE INFORMATION

1. Present Crime Insurance Program:  None

Insurance Carrier	Type (Primary or Excess)	Limit of Liability	Policy Number	Effective Date

Are collateral lines written by member companies of American International Group?

Yes  No

Type of Coverage	Effective Date	Policy Number

2. Coverage Requested:  
Proposed Effective Date: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_

**C. INTERNAL CONTROLS**

**1. Financial Reporting**

	<b>Most Recent Year End Reporting (\$)</b>
<b>Total Assets</b>	
<b>Total Debt</b>	
<b>Sales or Revenues</b>	
<b>Operating Income</b>	
<b>Net Income</b>	

a. Are the financial statements audited by an independent CPA?

• If yes, by whom? \_\_\_\_\_

• How many consecutive years? \_\_\_\_\_

• Do management letters submitted comment on the internal control structure?

b. Are internal audit programs instituted covering all business operations—including the EDP Department—with a provision for analytical reviews?

• If yes, are the reports distributed to the Audit Committee, the Chief Executive Officer and the Chief Financial Officer?

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

**If you responded "No" to any questions in the above section, please comment on the current practices of your organization:**

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***Please attach supporting documentation (Audited Financial Statements, Annual Report, 10-K, Management Letter, etc.)***

Please complete the following by indicating "yes", "no" or "N/A" (not applicable) in the appropriate space. Based upon the responses, supplemental applications may be necessary.

2. Locations, Personnel Census and Asset Exposure:

	Number of Locations	Sales or Revenues (\$)	Number of Class 1 Employees*	Number of Other Employees	Asset Exposure (Max. \$ any one location)
<b>United States</b>	a. Retail				a. Money \$
	b. All Other				b. Checks \$ c. Neg. Securities \$
<b>Canada</b>	a. Retail				a. Money \$
	b. All Other				b. Checks \$ c. Neg. Securities \$
<b>Foreign</b>	a. Retail				a. Money \$
	b. All Other				b. Checks \$ c. Neg. Securities \$
<b>Total</b>	a. Retail				a. Money \$
	b. All Other				b. Checks \$ c. Neg. Securities \$

\*Class 1 employees include **employees** who handle, have custody or maintain records of **assets**.

- |   |  |
|---|--|
| <p>a. Are all applications for employment verified by checking references and contacting former employers?</p> <p>b. Are payments made exclusively to authorized employees for actual work performed, including:</p> <ul style="list-style-type: none"> <li>• personnel records maintained independent of payroll and time keeping departments?</li> <li>• independent written approval require for time cards or other documentation of time worked?</li> <li>• terminated employees promptly removed from payroll?</li> </ul> <p>c. Is physical inventory protected by:</p> <ul style="list-style-type: none"> <li>• Alarm Systems?</li> <li>• Security Guard or Watchman?</li> </ul> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
|---|--|

If you responded "No" to any questions in the above section, please comment on the current practices of your organization:

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**Please complete the following by indicating "yes", "no" or "N/A" (not applicable) in the appropriate space. Based upon the responses, supplemental applications may be necessary.**

**3. Treasury and Purchases**

- |   |  |
|---|--|
| <p>a. Are securities, cash balances, cash receipts and stock certificates protected from theft and misappropriation, including:</p> <ul style="list-style-type: none"> <li>• storage of items in locked facilities?</li> <li>• countersignature on checks and for access to securities? Amount: \$ _____</li> <li>• facsimile signature plates under controlled custody?</li> </ul> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>b. Independent control of cash items upon receipt with subsequent comparison to bank deposit slips?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>c. Are bank accounts reconciled by employees not authorized to deposit or withdraw therefrom?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>d. Are investment and debt transactions made only after the authorization of specified personnel with limits of authority in accordance with management's criteria?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>e. Is an authorized vendor list utilized and updated annually for all major annual purchases, with competitive bidding required over stated amounts?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>f. Are requisitions and purchase orders issued only after the approval of specified personnel and within specified limits?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>g. Is each cash disbursement based on a recognized liability, accurately prepared and appropriately authorized, including comparisons to authorized vendor lists and receiving reports?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>h. Are perpetual inventories maintained of materials and supplies and periodically verified by physical count?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>i. Is there an exposure of precious metals or stones (gold, silver, copper, platinum, industrial diamonds, etc.)? Amount: \$ _____</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |

**If you responded "No" to any questions in the above section, please comment on the current practices of your organization:**

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**4. Computer and Information Security**

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|--|--|
| <p>a. Is the organizational structure, policies and procedures of the EDP Division outlined in a manual and communicated to all EDP personnel?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>b. Is there physical and functional segregation of personnel and periodic job and/or shift rotation?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |

**Please complete the following by indicating "yes", "no" or "N/A" (not applicable) in the appropriate space. Based upon the responses, supplemental applications may be necessary.**

- |   |   |
|---|---|
| c. Is competent and thorough surveillance and review performed by EDP management, including independent review of console or operations logs and machine utilization reports, as well as processing time and file usage, to determine that unauthorized activities and exceptions are identified, investigated and properly resolved? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d. Are EDP systems, programs and procedures, including changes thereto, authorized, documented and tested?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e. Is physical access to the data processing facility restricted, including controlled entrance points, installation of alarms, requirements that at least two people be present when data is being processed and restrictions against entry during Non-scheduled hours?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| f. Is all, and only, approved input accepted for processing including use of controlled prenumbered forms, physical control in the EDP department and checking of source documents against detailed listing of items processed by the computer?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| g. Are erroneous data reported for investigation and re-entry?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| h. Is output reconciled by persons who do not prepare or process input?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| i. Is coverage for toll fraud requested?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**If you responded "No" to any questions in the above section, please comment on the current practices of your organization:**

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**5. Employee Benefit Plans**

- a. Is an independent consultant retained to administer the benefit plans?  Yes    No    N/A  
 Name of Firm: \_\_\_\_\_
- b. Total Assets of all benefit plans: \_\_\_\_\_

**Please attach a separate listing of the names of the employee benefit plans required to be bonded by Title 1 of the Employee Retirement Income Security Act.**

Please complete the following by indicating "yes", "no" or "N/A" (not applicable) in the appropriate space. Based upon the responses, supplemental applications may be necessary.

**D. LOSS EXPERIENCE (during the last 3 years)  None**

Description of Loss	Date	Amount (\$)	Preventative Measures Taken

The employees of the Applicant have all, to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Applicant may now have in respect to his own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.

It is understood that the first premium upon the Policy Period applied for, and subsequent premiums thereon, are due at the beginning of each premium period, that the Company is entitled to additional premium because of any unusual increase in the number of employees, and the Applicant agrees to pay all such premiums promptly.

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

**NOTICE TO MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**NOTICE TO OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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Dated at:                      This                      Day of                      19                      Signed (Applicant)                      Title

# ACORD COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE

PRODUCER		PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER
CODE:		SUB CODE:	POLICIES OR PROGRAM REQUESTED		
AGENCY CUSTOMER ID		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
		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 SUBMISSION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE	TIME			DIRECT BILL	AUDIT
	AM			AGENCY BILL	
	PM				

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Ins):	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
		PHONE (A/C, No, Ext):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION			YEAR BUS STARTED
INSPECTION CONTACT		PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	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		
			<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)**

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

**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; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)**

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	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																	
<b>AUTOMOBILE LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	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	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.