

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.
3. Acord 125 Commercial App.

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext): CODE: AGENCY CUSTOMER ID	CARRIER <input type="checkbox"/> NAIC CODE: POLICIES OR PROGRAM REQUESTED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">INDICATE SECTIONS ATTACHED</td> <td style="width:33%;">EQUIPMENT FLOATER</td> <td style="width:33%;">GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> PROPERTY</td> <td>INSTALLATION/BUILDERS RISK</td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> GLASS AND SIGN</td> <td>ELECTRONIC DATA PROC</td> <td>BOILER & MACHINERY</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td>COMMERCIAL GENERAL LIABILITY</td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td>BUSINESS AUTO</td> <td>UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td>TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	<input type="checkbox"/> PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	<input type="checkbox"/> GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		UNDERWRITER
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STATUS OF SUBMISSION	PACKAGE POLICY INFORMATION																			
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY BOUND (Give Date and/or Attach Copy): <table style="width:100%;"> <tr> <td style="width:15%;">DATE</td> <td style="width:15%;">TIME</td> <td style="width:10%;"><input type="checkbox"/> AM</td> <td style="width:10%;"><input type="checkbox"/> PM</td> </tr> </table>	DATE	TIME	<input type="checkbox"/> AM	<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> <td style="width:25%;">PROPOSED EFF DATE</td> <td style="width:25%;">PROPOSED EXP DATE</td> <td style="width:25%;">BILLING PLAN</td> <td style="width:25%;">PAYMENT PLAN</td> <td style="width:10%;">AUDIT</td> </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></td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			DIRECT BILL					AGENCY BILL		
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		DIRECT BILL																		
		AGENCY BILL																		

APPLICANT INFORMATION						
NAME (First Named Insured & Other Named Insureds) INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/>	FEIN OR SOC SEC # (of First Named Ins): PHONE (A/C, No, Ext): MAILING ADDRESS INCL ZIP+4 (of First Named Insured) <table style="width:100%;"> <tr> <td style="width:15%;"><input type="checkbox"/> SUBCHAPTER "S" CORPORATION</td> <td style="width:15%;"><input type="checkbox"/> NOT FOR PROFIT ORG</td> <td style="width:15%;">CR BUREAU NAME</td> <td style="width:15%;">ID NUMBER</td> <td style="width:15%;">YEAR BUS STARTED</td> </tr> </table>	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER	YEAR BUS STARTED
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INSPECTION CONTACT <input type="checkbox"/> PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT <input type="checkbox"/> PHONE (A/C, No, Ext):					

PREMISES INFORMATION						
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)

GENERAL INFORMATION					
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	
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 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																	
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			
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.

American International Companies

Name of Insurance Company to which Application is made
(herein called the "Insurer")

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

**Application for
Investment Management Insurance Indication**

Instructions: Please answer all questions in ink or, if completing electronically, please print a copy and sign in ink. If additional space is needed to fully answer a question, please attach a separate piece of stationery with your response.

1. Name of Applicant Firm:
 2. Business Address
 - City:
 - State:
 - County"
 - Zip:
 3. Phone No.
 4. Fax No:
 5. E-Mail

 10. Please provide current values of all discretionary accounts managed.
 11. Please provide current values of all **non discretionary** accounts managed..

 16. Is the Applicant registered with the SEC as an Investment Advisor?
SEC File Number:_____ Include copy of your ADV. YES NO
 17. Does the percentage of financial planning performed for clients exceed 25% of the applicants total business?
 18. Does the Applicant's investment advice include more that 10% of total investments in "specialty areas" other than commonly traded securities?
("specialty areas" include commodity futures, real estate options, private placement and unregistered securities, direct placements, oil and gas joint ventures, foreign securities, limited partnerships of any type, less than investment grade bonds, or guaranteed investment contracts.)
 19. **a.** Has any claim ever been brought against the applicant or any of its partners, directors, officers, trustees or employees in the capacity as Investment Advisor?
*If yes, please complete a supplemental claim form for each circumstance.**
 20. Does Applicant request coverage for the following:
Mutual Fund Management
Distributor, Administrator and Transfer Agent Liability
Private Client Accounts
If yes attach any relative Fund prospectus.
- | | | | |
|----------------------------|-----------|-------------|------------|
| Desired Limit of Liability | \$500,000 | \$1,000,000 | 2, 000,000 |
| Corporate Deductible: | \$25,000 | \$50,000 | \$75,000 |

Notice to Applicant:

This indication is strictly conditioned upon no material change in the risk between the date of this letter and the inception date of the proposed policy. The Insurer may, in its sole discretion, modify and/or withdraw this indication at any time.

FRAUD NOTICE REQUIREMENTS:

Notice to New York and Ohio applicants: Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance purposes, with statements containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. Application must be currently signed and dated to be considered for quotation.

The following items must be submitted with the application:

- Form ADV, Parts I and II
- Current Financial Statement
- A sample Management Contract
- Performance Sheets

Signature of Owner, Partner, Officer or Individual Applicant

Title

Date