



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY B&E Insurance Associates Inc. 18514 US Hwy 19 North Suite D2 Clearwater, FL 33764		CARRIER		NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	
		POLICY NUMBER			
CONTACT NAME: B&E Insurance Associates Inc. PHONE (A/C. No. Ext): 727-531-9369 FAX (A/C. No.): 727-531-9379 E-MAIL ADDRESS: suedwards@bandeinsurance.com		UNDERWRITER		UNDERWRITER OFFICE	
CODE: SUBCODE:		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM		
AGENCY CUSTOMER ID:					

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION <input type="checkbox"/>					
INDIVIDUAL		LLC	NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP		TRUST					
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION <input type="checkbox"/>					
INDIVIDUAL		LLC	NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP		TRUST					
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION <input type="checkbox"/>					
INDIVIDUAL		LLC	NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP		TRUST					

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER							
	REFERENCE / LOAN #: _____					LOCATION: _____		BUILDING: _____					
						LIEN AMOUNT: _____					VEHICLE: _____		BOAT: _____
											INTEREST END DATE: _____		
	PHONE (A/C, No, Ext): _____					ITEM CLASS: _____		ITEM: _____					
E-MAIL ADDRESS: _____						ITEM DESCRIPTION							
					REASON FOR INTEREST: _____					FAX (A/C, No): _____			

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. 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).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
<input type="text" value="NAME OF TRUST"/>				
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)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:20%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	ACORD 45 attached for additional names				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"> INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER </td> <td style="width:15%;"> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT </td> <td style="width:60%;"> NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____ </td> <td style="width:10%;"> INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____ </td> </tr> </table>	INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____	
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REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION **ACORD 129 attached for additional vehicles**

VEH #		YEAR		MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
				MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required in KY)				CITY			COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW		
												\$		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L	
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	\$	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:									TOTAL PREM: \$	

VEH #		YEAR		MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
				MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required in KY)				CITY			COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW		
												\$		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L	
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	\$	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:									TOTAL PREM: \$	

VEH #		YEAR		MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
				MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required in KY)				CITY			COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW		
												\$		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L	
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DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:									TOTAL PREM: \$	

VEH #		YEAR		MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
				MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required in KY)				CITY			COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW		
												\$		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L	
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DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:									TOTAL PREM: \$	

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)			STATE PRODUCER LICENSE NO (Required in Florida)		
		B&E Insurance Associates Inc.					
APPLICANT'S SIGNATURE				DATE		NATIONAL PRODUCER NUMBER	