

ACORD™ COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)
11/07/2003

AGENCY	PHONE (A/C, No, Ext): 516-944-7520	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF:
	FAX (A/C, No.): 516-944-5433	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
GLOBE REATLY & INSURANCE AGENCY 158 MAIN ST. PO BOX 228 PORT WASHINGTON, NY 11050		INDICATE SECTIONS ATTACHED <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	
CODE:	SUB CODE:	<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA			
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION		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.			
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):	<input type="checkbox"/> RENEW	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE DATE	TIME			DIRECT BILL	
<input type="checkbox"/> CANCEL				AGENCY BILL	AUDIT

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds)	FEIN OR SOC SEC # (of First Named Insured):
Z	PHONE (A/C, No, Ext):
MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
E-MAIL ADDRESS(ES):	
WEBSITE ADDRESS(ES):	
INDIVIDUAL	CORPORATION
PARTNERSHIP	JOINT VENTURE
SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC
NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME
INSPECTION CONTACT	ID NUMBER
PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT
	PHONE (A/C, No, Ext):

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"/> 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
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES/CHEMICALS?	
4. ANY CATASTROPHE EXPOSURE?	
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)	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
8. DURING THE LAST FIVE YEARS (TEN IN RI), 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).	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	

REMARKS/PROCESSING INSTRUCTIONS			
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, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

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																
	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																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	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 ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ADDITIONAL PREMISES INFORMATION		PREMISES#:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$	\$ DED ELEC MEDIA ORD OR LAW DAYS	DAYS MO PERIOD LIMIT MAX PERIOD DAYS	\$ STUDENTS \$ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
	ROOFING, YR:	HEATING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		YES	NO	
	OTHER:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO
RIGHT 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		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	ITEM DESCRIPTION:			LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE			SCHEDULED ITEM NUMBER: _____	
<input type="checkbox"/> MORTGAGEE			OTHER: _____	
<input type="checkbox"/> GAGEE				

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ACORD™ COMMERCIAL GENERAL LIABILITY SECTION

DATE
11/07/2003

PRODUCER PHONE (A/C.No. Ext): **516-944-7520**

GLOBE REATLY & INSURANCE AGENCY
158 MAIN ST. PO BOX 228
PORT WASHINGTON, NY 11050

CODE: _____ SUB CODE: _____

AGENCY CUSTOMER ID: _____

APPLICANT (First Named Insured) .

EFFECTIVE DATE	EXPIRATIONDATE	DIRECT BILL	PAYMENTPLAN	AUDIT
		AGENCY BILL		

FOR COMPANY USE ONLY

COVERAGES

COMMERCIAL GENERAL LIABILITY
 CLAIMSMADE OCCURRENCE
 OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

PROPERTY DAMAGE \$ _____
 BODILY INJURY \$ _____
 \$ _____ PER CLAIM PER OCCURRENCE

LIMITS

GENERAL AGGREGATE	\$ _____	PREMIUMS
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	PREMISES/OPERATIONS
PERSONAL & ADVERTISING INJURY	\$ _____	PRODUCTS
EACH OCCURRENCE	\$ _____	
DAMAGE TO RENTED PREMISES (each occurrence)	\$ _____	OTHER
MEDICAL EXPENSE (Any one person)	\$ _____	
EMPLOYEE BENEFITS	\$ _____	TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER (A) AREA - PER 1,000/SQFT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE: _____

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: _____

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? YES NO

REMARKS

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ _____

2. NUMBER OF EMPLOYEES: _____

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: _____

4. RETROACTIVE DATE: _____

REMARKS

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?			4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For past or present product operation)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present product operation)	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 AGREEMENTS?			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 RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ SCHEDULED ITEM NUMBER: _____ OTHER _____
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE (D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
7. ANY PARKING FACILITIES OWNED/RENTED?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?		
8. IS A FEE CHARGED FOR PARKING?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?		
10. IS THERE A SWIMMING POOL ON THE PREMISES?					
11. SPORTING OR SOCIAL EVENTS SPONSORED?					

REMARKS

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