

# ACORD™ SMALL COMMERCIAL ACCOUNT PACKAGE APP

DATE

PRODUCER  TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE PO BOX 266736 WESTON , FL 33326	PHONE (A/C, No, Ext): 954-389-5897	COMPANY		NAIC CODE:	
	FAX (A/C, No.): 954-389-6661	POLICY OR PROGRAM REQUESTED			
CODE	SUB CODE	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
				AGENCY	
				DIRECT	
STATUS OF SUBMISSION					
	QUOTE		ISSUE POLICY		BOUND (Give date):

APPLICANT INFORMATION						
NAME (First Named Insured)		INDIVIDUAL	LIMITED CORPORATION	GL CODE	SIC	FEDERAL ID #
		PARTNERSHIP	JOINT VENTURE			
		CORPORATION	OTHER			
MAILING ADDRESS (INCLUDING ZIP+4)			CONTACT FOR INSPECTION	PHONE (A/C, No, Ext):	YRS IN BUS	
			CREDIT BUREAU NAME	ID NUMBER		

PRIOR POLICY(IES) / LOSS HISTORY		
COMPANY (Include Cov. type/Line of Business/Dates)	LOSSES WHETHER OR NOT INSURED (Date/Description/Amount)	CORRECTIVE ACTION
DURING THE PAST 3 YEARS, HAS ANY COVERAGE BEEN CANCELLED, NON-RENEWED, DECLINED, OR PLACED IN NON-STANDARD MARKETS?		
	YES (Explain)	NO

LOCATION			
ADDRESS (Include county & zip)	INTEREST	AREA OCCUP.	SURROUNDING EXPOSURES AND OTHER OCCUPANCIES
	OWNER %:		
	TENANT		
	YEAR BUILT	SQ. FT.:	
CHECK HERE IF PRIMARY LOCATION <input type="checkbox"/>			

NATURE OF BUSINESS			
OFFICE	RETAIL	APTS	CONTRACTORS
SERVICE	WHOLESALE	CONDOS	OTHER (Describe):
DESCRIPTION OF OPERATIONS/OCCUPANCY			

GENERAL INFORMATION				
PLEASE EXPLAIN ALL "YES" RESPONSES		YES	NO	DESCRIBE ANY LOCATION OR BUSINESS INTEREST OWNED OR OPERATED BY INSURED BUT NOT LISTED
1. 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)				
2. ARE ATHLETIC TEAMS SPONSORED?				
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?				
4. DURING THE LAST FIVE YEARS, (TEN IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				
5. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?				ANNUAL SALES/RECEIPTS: TOTAL PAYROLL:

PROPERTY															
SUBJECT		COVERAGE		LIMITS			CAUSE OF LOSS			CONSTRUCTION					
BUILDING	AMOUNT			RC	INFL. %				FRAME	NON-COMB MASONRY	FIRE RESIST				
	COINS/DED	%		ACV				JOISTED MASON	NON-COMB	MOD FIRE RES					
PERSONAL PROPERTY	AMOUNT				RC				DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	% BLDG SPRNKLRD			
	COINS/DED	%			ACV				FT	MI					
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	OTHER	BLDG CODE GRADE	INSPECTED?	TAX CODE	WIND CLASS		RESISTIVE	SEMI-RESISTIVE	OTHER		
							YES NO								

OPTIONAL COVERAGES									
GLASS	#PANES	AREA	LENGTH	TYPE	VALUE	DEDUCTIBLE	ADD'L INFO		
GROUND FLOOR									
ABOVE GROUND FLOOR									

**OPTIONAL COVERAGES (con't)**

COVERAGE	AMOUNT	% COINS	DEDUCT.	COVERAGE	AMOUNT	DEDUCT.	COVERAGE	AMOUNT	DEDUCT.
EXTRA EXPENSE				CRIME	EMPLOY. DISHON.	# EEMPL.	MACHINERY & EQUIPMENT	BASIC	
LOSS OF INCOME			BURG/ROB>STK.			BROAD			
VALUABLE PAPERS			BURG/ROB>MNY.			SPOILAGE			
ACCOUNTS REC.									
SIGNS							IS THERE A SEPARATE HEATING BOILER?		

BAILEES				TRANSIT			
TOTAL VALUE OF CUSTOMERS GOODS STORED ON PREMISES?				AVERAGE VALUE PER DELIVERY VEHICLE?			
				MAXIMUM VALUE PER VEHICLE?			
ARE GOODS STORED BEYOND NORMAL HANDLING TIME?				YES	NO	ESTIMATED ANNUAL AVERAGE VALUE SHIPPED?	

**CRIME**

TYPE OF ALARM (Check all that apply)		GRADE	EXTENT OF PROTECTION			ALARM CERTIFICATE #/EXPIRATION DATE:					
HOLD UP	LOCAL GONG		SAFE/VAULT	PREMISES		SAFE/VAULT/RECEPTACLE MANUFACTURER			LABEL	CLASS	
BURGLAR	POLICE C'NECT		PART.	1	2	3				UL	
CENTRAL STAT.	WITH KEYS		COMPL.							SMNA	
MAXIMUM CASH ON PREMISES		MAXIMUM CASH WITH MESSENGER		MONEY ON PREMISES OVERNIGHT		FREQUENCY OF DEPOSITS		DBL. CYL. DOOR LOCKS			
\$		\$		\$				YES NO			
OTHER PROTECTION (Lighting, fences, watchperson, etc.)											

**GENERAL LIABILITY**

LIMITS	GENERAL AGGREGATE		\$	OTHER (Indicate coverage & limit)
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE		\$	
	PERSONAL & ADVERTISING INJURY		\$	
	EACH OCCURRENCE		\$	
	DAMAGE TO RENTED PREMISES		\$	
	MEDICAL EXPENSE (Any one person)		\$	
TERRITORY	CLASS CODE	CLASS DESCRIPTION	EXPOSURE BASE	EXPOSURE

**WORKERS COMPENSATION**

EMPLOYER I.D. NUMBER		RATING BUREAU I.D. NO.		ANNIVERSARY RATING DATE		PARTICIPATING		
						NON-PARTICIPATING		
PART 1 (States)		PART 2, EMPLOYEES LIAB. (If not Basic)		SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS				
		\$ (Each Accident)						
OTHER STATES U.S.L. & H.		\$ (Disease>Policy Limit)						
VOL. COMP. \$		\$ (Disease>Each Employee)						
STATE	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS			# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	EST. ANNUAL REMUNERATION

**PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED.** (Remuneration to be included must be part of rating information section.)

NAME	AGE	TITLE/RELATION.	OWNERSHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

PLEASE EXPLAIN ALL "YES" RESPONSES				YES	NO	YES	NO
DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?						ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?						IS THERE ANY VOLUNTEER OR DONATED LABOR?	

**AUTOMOBILE**

USE ACORD 127, BUSINESS AUTO SECTION, AND ACORD 137 FOR YOUR STATE

**UMBRELLA**

EXPIRING POLICY #	RETROACTIVE DATE	LIMIT OF LIABILITY	RETAINED LIMIT	FIRST DOLLAR DEFENSE
	CURRENT	\$ EACH OCCURRENCE		YES
	PROPOSED	\$ AGGREGATE		NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	CGL/CLAIMS MADE	AIRCRAFT/WATERCRAFT		LIQUOR LIABILITY
<input type="checkbox"/>	CGL/OCCURRENCE	CARE, CUSTODY, CONTROL		
<input type="checkbox"/>	ANY AUTO (Symbol)	MEDICAL MALPRACTICE/PROFESSIONAL LIAB.		

PROVIDE INFORMATION FOR ANY UNDERLYING POLICIES IN FORCE IN ADDITION TO THIS POLICY.

TYPE	CARRIER/POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	ANN. RENEW. PREMIUM	RATING MOD
AUTOMOBILE LIABILITY				CSL/BI EA ACC	\$	
				BI EA PER	\$	
				PD EA ACC	\$	
GENERAL LIABILITY				GEN. AGGR	PREM/OPS	
				PROD & C/O AGGR	\$	
				PERS & ADV INJURY	PRODUCTS	
				EACH OCCUR.	\$	
				FIRE DAMAGE	OTHER	
EMPLOYERS LIABILITY				MEDICAL EXPENSE	\$	
				EACH ACCIDENT	\$	
				DIS. > EA. EMP.		
				DIS. > POL. LMT		

UNDERLYING INSURANCE COVERAGE INFORMATION (Include all restrictions; e.g. laser endorsements, discrimination, subrogation waivers, or extensions of coverage > attach separate sheet if necessary)

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	APTS/CONDOS/OTHER	#STORIES	#UNITS	#POOLS	#DVG. BDS.
ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?							
ARE U.S. PRODUCTS SOLD OR DISTRIBUTED IN FOREIGN COUNTRIES?							

**SPECIFIC PROGRAM QUESTIONS (Explain "Yes" responses)**

APTS/CONDOS	RESTAURANTS
ARE THERE ANY SWIMMING POOLS?	ATTACH ACORD 185 FOR EACH LOCATION
IS ALUMINUM WIRING USED?	
#UNITS IN BUILDING OR FIRE DIVISION	ATTACH ACORD 186 FOR EACH LOCATION
COVERAGE APPLIES TO:	DESCRIBE OFF PREMISES EXPOSURES
SMOKE DETECTORS	
NONE	
BATTERY	
WIRED	

**ADDITIONAL INTERESTS (Mortgages, Loss Payees, etc.)**

NAME & ADDRESS	INTEREST	EVIDENCE
		CERTIFICATE
		POLICY
		CERTIFICATE
		POLICY
		CERTIFICATE
		POLICY

REMARKS

**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 AND SUBSEQUENT 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. 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.

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 and VA, insurance benefits may also be denied.)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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