

Submission Instructions

Attached are the forms required to provide your quote.
Please Print them and FAX them to:
SAIS at 888 272-7550
for consideration and quote.

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

**AIG BUSINESS OWNERS INSURANCE PROGRAM
General Application**

This application is combined with all AIG Business Owners Program Coverage Applications to complete the Application for Insurance.

1. Name of Business: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Owner Name: _____ Phone: _____
Fax: _____ E- Mail Address: _____
Location address(es) (if different from mailing address above): _____

2. Are there any businesses or business locations owned or operated that will not be specifically insured by this policy? Yes No
If yes, note that all coverage will be limited to the location(s) listed in question 1 above.

3. When would you like this insurance to become effective? _____ / _____ / _____
(Note: cannot be a date in the past.) Mo. Day Year

4. Type of Ownership:
 Corporation Partnership or Joint Venture Sole Proprietorship (Individual)
 Limited Liability Corporation Other _____

5. What is the Federal Employer Identification Number (FEIN)? _____

6. Describe the business operations in detail including a description of goods or services provided. If applicable, indicate what percentage of the operation is retail, wholesale or manufacturing. _____

7. Total Annual Gross Receipts/Revenues?
Current year (estimated) \$ _____ Previous year \$ _____

8. How long has the applicant owned this business? _____

9. Is the business part of a franchise? Yes No

10. Have there been any Property, General Liability or Products Liability losses, claims or suits within the last 3 years (even if not covered by insurance)? Yes No If yes, please describe.

Date	Description	Total amount of loss
_____	_____	_____
_____	_____	_____
_____	_____	_____

What actions, if any, have been taken to prevent similar losses. _____

11. Prior Business Insurance Carrier _____

12. Will this policy need to cover any Loss Payees/Mortgagees/Additional Insureds? Yes No
 If yes, please list and describe each one below.
 Location: _____
 Name: _____
 Address: _____

 Interest: _____

13. Has the insurance been cancelled or non-renewed in the past three years? Yes No
 If yes, please explain: _____

Authorized Signature (to be reviewed and completed by all applicants)

TRUTH OF STATEMENTS

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

PERSONAL INFORMATION

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 SUCH AS OUTSIDE CONTRACTUAL VENDORS PERFORMING LOSS CONTROL OR OTHER SUCH SERVICES. 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.

FRAUD WARNING

NOTICE TO ALL STATES INCLUDING SPECIAL NOTICE TO ARKANSAS, COLORADO, FLORIDA, KENTUCKY, MAINE, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO AND 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND MAY BE SUBJECT TO SUBSTANTIAL CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE AND 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.

IF AN EMPLOYMENT PRACTICES LIABILITY OR PROFESSIONAL LIABILITY POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PRINT APPLICANT NAME: _____
APPLICANT SIGNATURE: _____
TITLE: _____
DATE: _____
BROKER NAME AND NUMBER (If applicable) _____

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

AIG BUSINESS OWNERS INSURANCE PROGRAM
Employment Practices Liability Coverage Application
Claims Made Coverage - review your Coverage Form for details

This application is combined with the AIG Business Owners Program General Application to complete the Application for Insurance.

Name of Business _____

1. Current number of Employees, including owners, partners, officers and directors for the Headquarter state.
Non-Union: Full Time _____ Part Time _____ Temporary _____ Seasonal _____
Union: Full Time _____ Part Time _____ Temporary _____ Seasonal _____

2. Total number of persons employed by the applicant in each of the last 3 years (all locations).
Year Number of employees

3. Total Number of employees that were terminated by the business and the total number of employees that voluntarily left their employment in the past three years (all locations)
Year Terminated Voluntarily left

4. If applicable, list all additional locations by city and state and indicate the number of employees at each location.

5. Have any EEOC complaints, NLRB charges or lawsuits been made against you by current or former employees within the past five years? Yes No If yes, please describe.

Date	Description	Total amount of loss
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Is the applicant aware of any facts, incidents or circumstances which may result in any Employment Practices Liability losses, claims or suits being made against them? Yes No If yes, please provide details.

7. Are any plant, facility, branch or office closings or layoffs anticipated within the next 24 months? Yes No If yes, please provide details on a separate sheet of paper.

8. Desired Limits: (Each Wrongful Employment Act / Aggregate) (other limits may be available upon request)
 \$100,000/\$100,000 \$250,000/\$250,000 \$500,000/\$500,000
 \$750,000/\$750,000 \$1,000,000/\$1,000,000

9. Desired Deductible: (Each Wrongful Employment Act)
 \$2,500 \$5,000 \$7,500 \$10,000
 \$15,000 \$20,000 \$25,000
10. Is your business currently covered by an Employment Practices Liability policy?
 If yes, attach a copy of the Declarations Page showing the retroactive date. Yes No
11. Are the following published and distributed to all employees:
 a) Employee Manual? Yes No
 b) Sexual Harassment Statement? Yes No
 c) Equal Employment and Discrimination Statement? Yes No
 d) Employee Grievance Procedures? Yes No
 e) Discipline Procedures? Yes No
12. Is there an employment application used for all applicants? Yes No
13. Are annual written performance evaluations conducted for all employees? Yes No
14. Please indicate whether the following optional coverages are desired:
 a. Coverage for Wrongful Acts that take place outside of the United States of America, it's territories and possessions, Puerto Rico, or Canada; and Coverage for claims made against you by leased workers and independent contractors? Yes No
 If yes, what percentage of your workforce is comprised of leased workers _____% and independent contractors _____%?
 b. Coverage for Punitive Damages; and Increased limits for earnings lost from \$100 to \$1,000 per day? Yes No
(Not applicable in Illinois, Minnesota, Missouri, New York, Ohio, South Dakota, Utah, South Carolina, Vermont or Tennessee)

THE INSURED HEREBY ACKNOWLEDGES AWARENESS THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY. IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

THE INSURED HEREBY FURTHER ACKNOWLEDGES AWARENESS THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

PRINT NAME: _____
SIGNED: _____
TITLE: _____
DATE: _____
BROKER NAME AND NUMBER (If applicable) _____

Superior Access Insurance Services, Inc. Privacy Notice

To Our Customers:

You provide us with most of the information about you that we use in evaluating your application and servicing your insurance policy. We may collect non-public personal information about you from any of the following sources: Information from you on your application and other forms; Information about your transactions with Superior Access Insurance Services, Inc., our affiliates or others; and information we receive from a consumer reporting agency. Depending on the nature of your coverage, we may collect information about you from third parties, such as other persons proposed for coverage under your policy or the State Motor Vehicle Department concerning your driving record.

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law. In some cases this may mean information can be disclosed to third parties without your authorization.

We restrict access to information about you to employees who need to know in order to provide you with products or to provide you benefits or services under them. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

We would be pleased to tell you about our policies and procedures for the privacy of your information. For a copy of our privacy policy or to access your information, please contact us at: www.superioraccess.com and review our legal notices

Important Notice

IN COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508), SUPERIOR ACCESS INSURANCE SERVICES, INC. ADVISES THAT AS PART OF OUR ROUTINE PROCEDURE IN REVIEWING APPLICATIONS FOR INSURANCE OR RENEWALS OF INSURANCE POLICIES, WE MAY PROCURE A CONSUMER REPORT INCLUDING INFORMATION AS TO THE CONSUMER'S

CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. IF SUCH INSURANCE IS FOR AN INDIVIDUAL AND IS PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES, SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS OR OTHERS WITH WHOM THE CONSUMER IS ACQUAINTED.

UPON REQUEST TO THIS INSURANCE COMPANY, IN ANY MANNER AS NOTED ABOVE, WE WILL PROVIDE, IN WRITING, A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE CONSUMER REPORT REQUESTED OR ADVISE THAT NO INVESTIGATION WAS CONDUCTED.