



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.

** Please include a tenant list on all multi-tenant buildings. **

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
General Liability Coverage Application**

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

Name of Business _____

1. Desired Limits: (Each Occurrence / General Aggregate) (other limits may be available upon request)
 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
2. What percentage, if any, of gross receipts/revenues is derived from service and/or installation of products? _____
3. What percentage, if any, of gross receipts/revenues is derived from the rental of any equipment? _____
4. Please indicate whether any of the following optional coverages are desired: (the limits provided will be the same as the limits chosen in number 1 above).
- | | | |
|---|------------------------------|-----------------------------|
| Employee Benefits Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquor Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide annual Liquor Receipts \$ _____ | | |
| Hired and Non-owned Auto Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stop Gap Liability (ND, OH, WA, WV and WY only) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limited International General Liability Extension Endorsement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
5. Please indicate whether any of the following exclusions are desired.
- | | | |
|--|------------------------------|-----------------------------|
| Products Liability Exclusion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Injury and Advertising Injury Exclusion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
6. Please indicate whether any of the following optional coverages are desired:
- | | | |
|---|------------------------------|-----------------------------|
| a) General Liability Enhancement Endorsement (adds additional insureds and other broadening coverages). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) General Liability Extended Enhancement Endorsement (adds extended property damage and other broadening coverages). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Wholesale Applicants ONLY

7. Are all goods manufactured domestically or by a company with a location in the US? Yes No
If no, is Imported Products Liability Coverage desired? Yes No
If Imported Products Liability Coverage is desired, what are the gross annual sales for foreign manufactured products? \$ _____
8. Do you do any repackaging, re-labeling, repair or re-manufacturing of products? Yes No

- j. Utility Services – Business Income (\$10,000 limit) Yes No
12. Please indicate whether any of the following exclusions are desired:
- a. Business Income Exclusion Yes No
- b. Theft Exclusion Yes No
- c. Windstorm and Hail Exclusion Yes No
- d. Stock Exclusion Yes No
13. What is the total maximum daily value of money and securities (i.e. checks) on the premises? _____
 The policy includes limits of \$10,000 inside the business and \$2,000 while being delivered to the bank. If higher limits are desired, choose one of the following options: (Higher limits require a Central Station Alarm)
- \$20,000 / \$4,000 \$30,000 / \$6,000 \$40,000 / \$8,000 \$50,000 / \$10,000
14. If loss of refrigeration coverage is desired, please provide the total value of property subject to refrigeration?

15. The Property Coverage form automatically provides the following coverages at the limits indicated. Are you interested in purchasing an enhancement endorsement that provides a higher blanket limit for all of these coverages combined? Yes No
- If yes, please select the desired endorsement blanket limit.
- \$100,000 \$200,000 \$300,000 \$400,000 \$500,000

Separate Limits for Each Coverage (unless you choose a blanket limit):			
Fire Dept. Service Charge	\$2,500	Employee Dishonesty - ERISA	\$2,500
Fire Extinguisher Recharge	\$5,000	Money Orders and Counterfeit Paper Currency	\$2,500
Forgery and Alteration	\$2,500	Increased Cost of Construction (after a loss)	\$10,000
Glass	\$2,500	Signs	\$2,500
Customers' Property on Premises	\$10,000	Back-up of Sewer/Drains	\$2,500
Personal Property Off Premises	\$5,000	Property in Transit	\$5,000
Valuable Papers/Records on Premises	\$10,000	Accounts Receivable at the premises	\$10,000

Complete the following questions only if interested in purchasing insurance for the building. Home based businesses do not need to complete these questions.

16. What is the 100% replacement value of the building? _____
17. Please list all other tenants in the building and describe their business operations:

18. What is the square footage of the entire building? _____
19. How many stories in the building? _____
20. What is the original year the building was built? _____
21. If the building(s) is over 30 years old, indicate the year each of the following was updated:
 Electrical _____ Roofing _____ Plumbing _____ Heating _____

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.