

## 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  
Umbrella Liability Coverage Application**

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

*Please note that AIG Business Owners General Liability coverage must be purchased with minimum limits of \$1,000,000 / \$2,000,000 in order to be eligible for Umbrella Liability Coverage. Other underlying coverage may be purchased elsewhere, with minimum auto limits of \$1,000,000 and minimum Employers' Liability limits of \$100,000/500,000/100,000 (this may differ depending on the state you are located in).*

Name of Business \_\_\_\_\_

1. Desired Limits: (Each Occurrence / Policy Aggregate) (other limits may be available upon request)  
 \$1,000,000/\$1,000,000       \$2,000,000/\$2,000,000       \$3,000,000/\$3,000,000
2. Desired Self-Insured Retention:  None       \$10,000       other \_\_\_\_\_

3. **Current Underlying Insurance Information** Please complete the table below with the information from your current underlying Automobile and Employers' Liability policies.

	<b>Carrier/Policy #</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>Limits</b>
<b>Automobile Liability</b>				CSL \$
				BI \$
				PD \$
<b>Employers' Liability (Workers Compensation)</b>				Each Accident \$
				Disease Policy Limit \$
				Disease Each Employee \$

4. Is the business self-insured for Workers' Compensation or Employers' Liability in any states?  Yes  No
5. Is the business subject to any of the following Workers' Compensation laws?  
 Jones Act       FELA       Stop Gap       Federal Coal Mine Health and Safety Act  
 US Longshoremen's and Harbor Workers Compensation Act
6. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage?  Yes  No  
 If yes, provide details \_\_\_\_\_
7. Are any explosives, caustics, flammables or other dangerous cargo hauled?  Yes  No
8. Are any passengers transported for a fee?  Yes  No
9. Are there any autos that are not insured by an underlying policy?  Yes  No
10. Are any vehicles leased or rented to others?  Yes  No
11. Is Hired and Non-owned Auto coverage on an underlying auto policy?  Yes  No

12. What is the auto liability coverage symbol on the underlying auto policy? \_\_\_\_\_  
 (This information can be found on your current auto policy's Declarations Page.)

13. Vehicles Used or Owned

Type	# Owned or leased	Any Property Hauled? If yes, describe	Radius of Use		
			0-50 MI	50-200 MI	Over 200 MI
Private Passenger					
Trucks	Light 0 – 10,000 lbs. GVW				
	Medium 10,001 – 20,000 lbs. GVW				

14. Does the business own or use any Buses, or Heavy or Extra Heavy Trucks and/or Tractors?  Yes  No  
 If yes, please describe the vehicles and what they are used for. \_\_\_\_\_

**Please note that it is required that all applicants wanting UM/UIM coverage in the states listed below must carry, at a minimum, underlying UM/UIM limits of \$1,000,000.**

NOTE:

**UM/UIM**

**Applicable only in Florida, Indiana, Louisiana, South Dakota, Vermont, and West Virginia:**

For purposes of the Umbrella Liability policy I acknowledge that Uninsured Motorist (UM) Coverage has been explained to me and I have been offered the option of selecting UM limits equal to my umbrella limits or rejecting UM entirely.

- 1.) For the Umbrella Liability policy, I select UM limits equal to my umbrella limits \_\_\_\_\_ (initials) OR
- 2.) For the Umbrella Liability policy, I reject UM coverage in its entirety \_\_\_\_\_ (initials).

NOTE:

**UM/UIM**

**Applicable only in New Hampshire:**

For purposes of the Umbrella Liability policy I acknowledge that Uninsured Motorist (UM) Coverage has been explained to me and I have been offered UM limits equal to my umbrella limits or I have rejected UM entirely.

- 3.) For the Umbrella Liability policy, I select UM limits equal to my umbrella limits \_\_\_\_\_ (initials) OR
- 4.) For the Umbrella Liability policy, I reject UM coverage in its entirety \_\_\_\_\_ (initials).

NOTE:

**UM/UIM**

**Applicable only in Ohio:**

For purposes of the Umbrella Liability policy I acknowledge that Uninsured Motorist (UM) Coverage has been explained to me and I have been offered the option of selecting UM limits equal to my umbrella limits, a lower UM limit or rejecting UM entirely.

- 5.) For the Umbrella Liability policy, I reject UM coverage in its entirety \_\_\_\_\_ (initials), OR
- 6.) For the Umbrella Liability policy, I select UM limits equal to my umbrella limits \_\_\_\_\_ (initials), OR
- 7.) For the Umbrella Liability policy, I select UM limits of \$ \_\_\_\_\_ (limits selected must be less than your chosen umbrella limits and in increments of 1,000,000). \_\_\_\_\_ (initials)

# 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](http://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.