

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY							
GENERAL LIABILITY	CARRIER							
	POLICY NUMBER							
	POLICY TYPE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCC.	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCC.	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCC.	
	RETRO DATE							
	EFF-EXP DATE							
	LIMITS	GENERAL AGGREGATE						
		PRODUCTS COMP OP AGGREGATE						
		PERSONAL & ADV INJ						
		EACH OCCURRENCE						
		FIRE DAMAGE						
		MEDICAL EXPENSE						
		BODILY INJURY	OCCURRENCE					
			AGGREGATE					
		PROPERTY DAMAGE	OCCURRENCE					
			AGGREGATE					
COMBINED SINGLE LIMIT								
MODIFICATION FACTOR								
TOTAL PREMIUM								
AUTOMOBILE LIABILITY	CARRIER							
	POLICY NUMBER							
	POLICY TYPE							
	EFF-EXP DATE							
	COMBINED SINGLE LIMIT							
	BODILY INJURY	EA PERSON						
		EA ACCIDENT						
	PROPERTY DAMAGE							
	MODIFICATION FACTOR							
	TOTAL PREMIUM							
PROPERTY	CARRIER							
	POLICY NUMBER							
	POLICY TYPE							
	EFF-EXP DATE							
	<input type="checkbox"/> BUILDING	AMT						
	<input type="checkbox"/> 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) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						<input type="checkbox"/> OPEN
						<input type="checkbox"/> CLOSED
						<input type="checkbox"/> OPEN
						<input type="checkbox"/> 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 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.