



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

2/17/2005

AGENCY F.Mesanko & Son Insurance 20 Center Ave. Suite 1 Atlantic Highlands, N.J. 07716		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): 732-291-9981		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
FAX (A/C, No): 732-291-9983		INDICATE SECTIONS ATTACHED			EQUIPMENT FLOATER
E-MAIL ADDRESS:		PROPERTY			GARAGE AND DEALERS
CODE: SUB CODE:		GLASS AND SIGN			VEHICLE SCHEDULE
AGENCY CUSTOMER ID:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS			BOILER & MACHINERY
		CRIME/MISCELLANEOUS CRIME			WORKERS COMPENSATION
		TRANSPORTATION/ MOTOR TRUCK CARGO			UMBRELLA
		COMMERCIAL GENERAL LIABILITY			
		BUSINESS AUTO			
		TRUCKERS/MOTOR CARRIER			

STATUS OF TRANSACTION**PACKAGE POLICY INFORMATION**

QUOTE	ISSUE POLICY	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME			DIRECT BILL		
CANCEL					AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
E-MAIL ADDRESS(ES):		PHONE (A/C, No, Ext):		WEBSITE ADDRESS(ES):			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
PARTNERSHIP	JOINT VENTURE		NO. OF MEMBERS AND MANAGERS				
INSPECTION CONTACT				ACCOUNTING RECORDS CONTACT			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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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, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	
	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	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													
		BUILDING	AMT											
		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)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						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 AUTHORIZATION. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.