

PRODUCER **PREMIER GROUP**
 106 Central Ave.
 Cheltenham, PA 19012-2202
 (215) 663-8998
 FAX 663-9794

PHONE (A/C, No, Ext):	CARRIER	UNDERWRITER
CODE:	POLICIES OR PROGRAM REQUESTED	
SUB CODE:	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER
AGENCY CUSTOMER ID	PROPERTY	INSTALLATION/BUILDERS RISK
	GLASS AND SIGN	ELECTRONIC DATA PROC
	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY
	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO
	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS
		GARAGE AND DEALERS
		VEHICLE SCHEDULE
		BOILER & MACHINERY
		WORKERS COMPENSATION
		UMBRELLA

STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	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
DATE	TIME			DIRECT BILL		
				AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)

MAILING ADDRESS (of First Named Insured)

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER 'S' CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORGANIZATION	YEARS IN BUSINESS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE			

INSPECTION CONTACT PHONE (A/C, No, Ext):

ACCOUNTING RECORDS CONTACT PHONE (A/C, No, Ext):

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			4. ANY CATASTROPHE EXPOSURE?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO		

REMARKS

APPLICANT TO SIGN HERE & FAX BACK TO 215-663-9794

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	YEARS:		YEARS:		YEARS:		YEARS:		YEARS:	
GENERAL COMMERCIAL LIMITS	CARRIER										
	POLICY NUMBER										
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE										
	GENERAL AGGREGATE										
	PRODUCTS COMP OP AGGREGATE										
	PERSONAL & ADV INJ										
	EACH OCCURRENCE										
	FIRE DAMAGE										
	MEDICAL EXPENSE										
	BODILY OCCURRENCE										
	INJURY AGGREGATE										
	PROPERTY OCCURRENCE										
	DAMAGE AGGREGATE										
	COMBINED SINGLE LIMIT										
MODIFICATION FACTOR											
TOTAL PREMIUM											
AUTOMOBILE	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	COMBINED SINGLE LIMIT										
	BODILY INJURY	EA PERSON									
		EA ACCIDENT									
	PROPERTY DAMAGE										
	MODIFICATION FACTOR										
TOTAL PREMIUM											
PROPERTY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	BLD	PERS PROP	AMT								
	MODIFICATION FACTOR										
TOTAL PREMIUM											
	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	LIMIT										
	MODIFICATION FACTOR										
TOTAL PREMIUM											

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHECK 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
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY
 A broker fee is included with your premium, see invoice, and pays for us to market your insurance to find the best coverage and price at renewal. It also pays for our claim prevention information to help limit your risk of loss.

Your signature allows us to always have your authorization to change your carrier for the same or better coverage with similar rates.