

ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.

COMMERCIAL INSURANCE APPLICATION

Submit to service@atlanticmutualinsurance.com

APPLICANT INFORMATION

Agency Name: _____
Individual Completing This Application: _____
Phone #: _____ Email Address: _____
Producer Name: _____ Producer License #: _____

ACCOUNT INFORMATION

Requested Effective Date: _____ FEIN #: _____
Name of Insured: _____
Contact Name: _____ Title: _____
Phone #: _____ Email Address: _____

Mailing Address

Street Address Line 1: _____
Street Address Line 1: _____
City: _____ State: _____ Zip: _____

Has insured been involved in any lawsuit or legal claim in the past 5 years? Yes No
Have complaints been filed against insured with a state, county or government agency? Yes No

Additional Insureds to be listed on the policy

Insured 1: _____
Insured 2: _____
Insured 3: _____
Insured 4: _____

Required Underlying Insurance Information

General Liability Carrier: _____
Effective Date: _____ Limits: _____
Directors & Officers Carrier: _____
Effective Date: _____ Limits: _____
Property Carrier: _____
Effective Date: _____ Insured Value: _____
Wind Carrier (if different than property carrier)
Effective Date: _____ Insured Value: _____

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PREMISIS INFORMATION

*** Total Unit Count For all Risk Types Except HOA:** _____ ***Total HOA Homes:** _____

* Condominium Association & Co-Op (# of Units) / Homeowners Association (# of Homes)

* Apartment Complex (# of Apartments) / Hotel (# of Rooms) / Commercial Office Structure (# of Tenants)

Please complete the following for each physical location.

You may also attach ACORD form 139. Please put risk type under "class code" and unit count under "rate cost".	
Location 1:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 2:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 3:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 4:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 5:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 6:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 7:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 8:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 9:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 10:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 11:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____
Location 12:	Risk Type: Condo <input type="checkbox"/> HOA <input type="checkbox"/> Co-Op <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Structure <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip: _____

Signature Page Follows

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SIGNATURE PAGE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF LCAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FLORIDA, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

The undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

Check here if you understand and agree: I Agree

Name" _____

Signature: _____

Date: _____