



PDF Rater

Upload Customer Data From a PDF

Upload a PDF of your commercial client and PDF Rater will use that data to populate the commercial application with the information from your management system. If there's any information missing or the carrier requires additional information, you'll be prompted to enter any that additional information before getting proposals back from all available carriers.

ACORD COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION DATE (MM/DD/YYYY) 04/02/19

AGENCY: Demo Account, 550 Bailey Ave, Suite 150, FORT WORTH, TX 76107
 CONTACT NAME: John Pergande, PHONE: 817-704-2240, FAX: , EMAIL: jp@insurezone.com, ADDRESS: , SUBCODE:

CARRIER: , NAIC CODE: , COMPANY POLICY OR PROGRAM NAME: , PROGRAM CODE: , POLICY NUMBER: , UNDERWRITER: , UNDERWRITER OFFICE:

STATUS OF TRANSACTION: QUOTE, BOUND, ISSUE POLICY, RENEW, CHANGE, CANCEL

INDICATE SECTIONS ATTACHED	PREMIUM	PREMIUM	PREMIUM
ACCOUNTS RECEIVABLE / RECEIVABLE PAPERS	\$	ELECTRONIC DATA PROC.	\$
BOLLER & MACHINERY	\$	EQUIPMENT FLOATER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$
CRIME	\$	OPEN CARGO	\$
DEALERS	\$	PROPERTY	\$
TRANSPORTATION / MOTOR TRUCK/CARGO	\$	TRUCKERS / MOTOR CARRIER	\$
UMBRELLA	\$	YACHT	\$

ATTACHMENTS

POLICY INFORMATION

PROPOSED EFF DATE: 04/02/19, PROPOSED EXP DATE: 04/02/20, BILLING PLAN: , PAYMENT PLAN: , METHOD OF PAYMENT: , AUDIT: NO, DEPOSIT: \$, PREMIUM: \$, POLICY PREMIUM: \$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4): A Great Adventure Events, LLC, 2427 N Clybourn, G Unit, CHICAGO, IL 60614
 GL CODE: 7299, SIC: 812199, NAICS: 360-76-6212, FEIN OR SOC SEC #: 312-736-2097
 BUSINESS PHONE #: , WEBSITE ADDRESS: www.agreatadventureevents.com

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Comm App : Summary

Questions, additional information, and/or quotes will be sent to the following agent:
 Name: John Pergande
 Email: jp@insurezone.com
 Phone: 817-704-2240

[Jump to SelectCoverage](#)
[Jump to BusinessInfo](#)
[Jump to Building](#)
[Jump to Gen Liab](#)
[Jump to BOP/Miscellaneous](#)
[Jump to SelectEndorsements](#)
[Jump to SelectTieBreakers](#)

SelectCoverage Edit

Coverage Selection

Application Id: 5815413
 Created On: 1/14/2019 02:00:04 PM
 Submitted On: 1/14/2019 02:12:40 PM

Please complete the following information so we can quickly determine if our insurance products are available to the business. Please note: Correctly classifying the business is critical to the accuracy of your quote.

Coverage Available

Professional Liability	No
Businessowners/Package Policy	Yes
General Liability	No
Workers' Compensation	No
Commercial Auto	No
Umbrella	No
Professional Liability (Errors and Omissions)	No
Non-Profit Directors & Officers	No
Non-Profit Employment Practices Liability	No
For-Profit Directors & Officers	No
For-Profit Employment Practices Liability	No
For-Profit Crime	No
For-Profit Fiduciary	No
Number of Lines Requested	1
State where business is headquartered	IL
Type of Business	Service - Personal Care
Class of Operation	Miscellaneous Personal Care Services
Operation Description	Wedding planning services
NAICS/SIC/ISO	812199/7299/
Describe in detail all the products, services, and/or operations the business provides. Please include the insured's website, if available.	wedding planning service

Applicant Information

Modification of legal type or business name or other personal information on the carrier site may trigger a new credit search and affect the premium.

Is the business considered non-profit? No
 Easy-reference description for this application. (Assign a unique name to this application for easy identification.) copied application

Edit

Qualifying Questions

Does the business place temporary workers or lease employees?	No
Does the business own any vehicles?	No

Notes to Underwriter

