



Take the Right Path. Join Atlas.



COMMERCIAL DIVISION

The Atlas Mission - Customers Come First

Atlas General Insurance Services combines proven expertise, superior personal service and a relationship-based approach to provide clients with a trusted insurance partner committed to delivering maximum value.

Our SUCCESS depends upon:

- Relationships built on trust
- Products that win
- Responsive employees that strive to make the most out of every opportunity

ADDRESS

6165 Greenwich Drive, STE 200
San Diego, CA 92122

TOLL FREE

(877) 66-ATLAS (28527)

MARKETING HOTLINE

(858) 724-5091

E-MAIL:

marketing@atlas.us.com

WEB

atlas.us.com

This document provides an overview of coverages and services. Coverages may differ in availability by state. All coverages are individually underwritten. For a complete description of all coverages, terms and conditions, refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the policy prevail. All information and representations herein are as of 2022. CA License #0C66724. Rev. 4.20222

ABOUT ATLAS

Atlas General Insurance Services is a full service program administrator that offers a wide range of insurance solutions. Atlas has expertise in developing and underwriting specialty programs with a variety of insurance carrier partners. Our knowledgeable staff is committed to providing exceptional service and unique options for our clients.

Atlas General Insurance Services offers products in the following divisions:

- Workers' Compensation
- General Commercial Lines
- Specialty Property

TARGET RISKS - COMMERCIAL DIVISION

- Apartments
- Convenience Stores
- Garage: Auto Service/Repair
- Grocery Stores
- Hotels/Motels
- Lessors Risk Only (LRO)
- Professional Offices
- Restaurants & Food Service
- Retail Stores
- Vacant Buildings & Land

Coverages Available:

- 300+ General Liability Classes Including:
 - Building
 - Contents
 - Business Income
 - Equipment Breakdown
 - Enhanced Property

Endorsement

- Hired & Non-Owned Auto
- Personal Property of Others
- Spoilage
- Tenants Improvements
- Umbrella & Excess Liability

Be sure to include:

- ▶ ACORD 125
- ▶ ACORD 126
- ▶ ACORD 140
- ▶ Loss Runs

FOR INFO PLEASE CALL OUR MARKETING HOTLINE:

(858) 724-5091



PLEASE SEND SUBMISSIONS TO:
CDsubmissions@atlas.us.com

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | |
|--|--|--|--|
| CONTACT TYPE: | | CONTACT TYPE: | |
| CONTACT NAME: | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: | | PRIMARY E-MAIL ADDRESS: | |
| SECONDARY E-MAIL ADDRESS: | | SECONDARY E-MAIL ADDRESS: | |

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
|----------------------------|---------------------------|--|--|------------------|----------------------------------|
| | | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: STATE: COUNTY: ZIP: | | | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | TOTAL BUILDING AREA: SQ FT |
| | | | | | ANY AREA LEASED TO OTHERS? Y / N |

NATURE OF BUSINESS

| | | | | | |
|---------------------------------------|--|--|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | |

DESCRIPTION OF PRIMARY OPERATIONS

| | | |
|---|---|--|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|---|--|

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

| INTEREST | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
|---|------------------------|-----------|---------------------|-----------------------|-----------------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | | | | | | LOCATION: | BUILDING: |
| | | | | | | VEHICLE: | BOAT: |
| | | | | | | AIRPORT: | AIRCRAFT: |
| | | | | | | ITEM CLASS: | ITEM: |
| | | | | | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | REFERENCE / LOAN #: | INTEREST END DATE: | | | |
| | | | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | FAX (A/C, No): | |
| | | | | | E-MAIL ADDRESS: | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|---|---|--|--|-------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | |
| <input type="text" value="PARENT COMPANY NAME"/> | <input type="text" value="RELATIONSHIP DESCRIPTION"/> | <input type="text" value="% OWNED"/> | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | |
| <input type="text" value="SUBSIDIARY COMPANY NAME"/> | <input type="text" value="RELATIONSHIP DESCRIPTION"/> | <input type="text" value="% OWNED"/> | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | |
| <input type="checkbox"/> SAFETY MANUAL | <input type="checkbox"/> MONTHLY MEETINGS | <input type="checkbox"/> | | |
| <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> OSHA | | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | |
| | | | | |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | |
| <input type="text" value="LINE OF BUSINESS"/> | <input type="text" value="POLICY NUMBER"/> | <input type="text" value="LINE OF BUSINESS"/> | <input type="text" value="POLICY NUMBER"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | |
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/> | | |
| <input type="checkbox"/> NON-RENEWAL | <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> CONDITION CORRECTED (Describe): | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | |
| | | | | |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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). | | | | |
| | | | | |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | |
| <input type="text" value="OCCURRENCE DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLUTION DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | |
| <input type="text" value="OCCURRENCE DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLUTION DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | |
| <input type="text" value="OCCURRENCE DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLUTION DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? | | | | |
| <input type="text" value="NAME OF TRUST"/> | | | | |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | |
| | | | | |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | |
| | | | | |

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

LOSS HISTORY **Check if none (Attach Loss Summary for Additional Loss Information)**

| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS | | | | | | TOTAL LOSSES: \$ | |
|--|------|---|---------------|-------------|-----------------|-------------------|------------------|
| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
| | | | | | | | |
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SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

| | | |
|-----------------------|--------------------------------|---|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |