COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION | ACORD 125-ALIGNED SPECIMEN

IMPORTANT DATA STATUS: Applicant name, operations, Dallas, Texas location, annual revenue ($4,500,000), employee counts (35 full-time / 5 part-time), and requested CGL limits were supplied. The 01/01/2027–01/01/2028 term is carried forward from the immediately preceding binder request. All other names, addresses, contacts, classifications, and operational answers below are fictional testing assumptions or marked pending. Verify before any real submission.

1. AGENCY / CARRIER / SUBMISSION INFORMATION

FIELD	COMPLETED ENTRY
DATE (MM/DD/YYYY)	11/19/2026
AGENCY	Lone Star Commercial Risk Agency (fictional test agency)
PRODUCER / CONTACT	Taylor Brooks, Commercial Lines Producer (fictional)
PHONE / E-MAIL	(214) 555-0120 | tbrooks@lonestar-risk.example
AGENCY ADDRESS	2000 Sample Plaza, Suite 500, Dallas, TX 75201 (fictional)
CARRIER / NAIC CODE	Carrier not selected - marketing submission only / NAIC code not assigned
UNDERWRITER / OFFICE	To be assigned by receiving carrier
COMPANY POLICY OR PROGRAM NAME	Commercial Package Policy - General Liability + Property
POLICY NUMBER / PROGRAM CODE	New business - not yet assigned
AGENCY CUSTOMER ID / CODE / SUBCODE	LSCRA-APEX-001 / pending / pending
STATUS OF TRANSACTION	QUOTE - NEW BUSINESS (not bound)
SUBMISSION DATE / TIME	11/19/2026 / 9:00 AM Central (illustrative)

2. LINES OF BUSINESS / PACKAGE POLICY INFORMATION

LINE OF BUSINESS	REQUEST	PREMIUM
Commercial General Liability	Selected - ACORD 126 section attached	To be quoted
Commercial Property	Selected - separate property schedule required	To be quoted
Business Auto / Workers Compensation / Umbrella	Not included in this submission	Not requested

FIELD	COMPLETED ENTRY
PROPOSED EFFECTIVE DATE	01/01/2027 - 12:01 AM local time
PROPOSED EXPIRATION DATE	01/01/2028 - 12:01 AM local time
BILLING PLAN / PAYMENT PLAN	Agency bill / annual (illustrative; confirm with carrier)
AUDIT	General Liability: annual audit requested, subject to carrier rules
POLICY PREMIUM / DEPOSIT / MINIMUM	To be determined by carrier - no indication or premium represented

ACORD 125 - APPLICANT INFORMATION

PAGE 2 | Applicant, contact, premises and operations details

3. APPLICANT INFORMATION

FIELD	COMPLETED ENTRY
NAME (FIRST NAMED INSURED)	Apex Mechanical LLC
ORGANIZATION TYPE	Limited Liability Company (LLC) - supplied business form; confirm legal registration
MAILING ADDRESS	1000 Sample Commerce Drive, Suite 200, Dallas, TX 75207 (fictional placeholder - replace with verified address)
FEIN	Not provided - applicant to supply securely; do not infer
BUSINESS PHONE / E-MAIL	(214) 555-0142 / mreed@apexmechanical.example (fictional test contacts)
WEBSITE ADDRESS	www.apexmechanical.example (reserved fictional domain)
NAICS / SIC	238220 - Plumbing, Heating, and Air-Conditioning Contractors (indicative); SIC 1711 (indicative)
GENERAL LIABILITY CLASS CODE	Not assigned - carrier/classification review required
DATE BUSINESS STARTED	04/01/2012 (illustrative assumption - verify)
NUMBER OF MEMBERS / MANAGERS	Not provided - applicant to confirm

4. CONTACT INFORMATION

CONTACT TYPE	CONTACT NAME / TITLE	PRIMARY CONTACT
Principal / Owner	Morgan Reed - Managing Member (fictional)	(214) 555-0142 / mreed@apexmechanical.example
Inspection Contact	Morgan Reed (illustrative; confirm availability)	Same as above
Accounting Records Contact	To be confirmed by applicant	Phone and e-mail not provided

5. PREMISES INFORMATION

LOC / BLDG	STREET / CITY / COUNTY / STATE / ZIP	INTEREST / CITY LIMITS	EMPLOYEES	ANNUAL REVENUES
001 / 001	1000 Sample Commerce Drive, Suite 200, Dallas, Dallas County, TX 75207 (fictional placeholder)	Tenant - illustrative / Inside city limits - assumed	35 FT / 5 PT	$4,500,000*

*Revenue supplied for the business overall; allocation entirely to this location is a temporary rating assumption and must be confirmed. Building area, occupied area, public area, year built, construction, protection class, occupancy, sprinkler status, and area leased to others: not provided.

6. NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

FIELD	COMPLETED ENTRY
BUSINESS CATEGORY / CLASSIFICATION	Contractor / mechanical services. NAICS 238220 is indicative only; carrier to confirm. General Liability class code remains unassigned.
PRIMARY OPERATIONS	Commercial HVAC and plumbing contracting, including installation, replacement, service, maintenance and repair of HVAC equipment, ductwork, piping, plumbing fixtures, pumps and related mechanical systems. Actual scope, project types and exclusions must be verified.
INSTALLATION / OFF-PREMISES / SALES MIX / OTHER ENTITIES	Installation, service and repair: Yes, based on applicant description. Off-premises jobsite work: assumed, confirm. Retail, residential, new-construction and service-sales allocation: not provided. No other named insureds identified; confirm ownership, subsidiaries and related entities.

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ACORD 125 - GENERAL INFORMATION

PAGE 3 | Underwriting questions, prior insurance and loss history

The items below are deliberately marked NOT PROVIDED / APPLICANT RESPONSE REQUIRED. These are not negative answers. A real application must be completed from the applicant's knowledge and supporting records.

7. GENERAL INFORMATION - APPLICANT QUESTIONS

NO.	QUESTION / UNDERWRITING TOPIC	RESPONSE / REMARKS
1a	Is the applicant a subsidiary of another entity?	Not provided - applicant response required.
1b	Does the applicant have any subsidiaries?	Not provided - applicant response required.
2	Is a formal safety program in operation (safety manual, safety position, monthly meetings, OSHA practices)?	Not provided - applicant response required; obtain written safety program details.
3	Any exposure to flammables, explosives or chemicals?	Not provided - applicant response required; identify refrigerants, fuels, solvents and stored materials.
4	Any other insurance with this company?	Not applicable / no carrier selected; confirm other policies at placement.
5	Any policy or coverage declined, cancelled or non-renewed during the prior three years?	Not provided - applicant response and supporting details required.
6	Any past losses or claims involving sexual abuse/molestation, discrimination or negligent hiring?	Not provided - applicant response required.
7	Any relevant fraud, bribery, arson or arson-related conviction during the applicable lookback period?	Not provided - applicant response required; state-specific wording controls.
8	Any uncorrected fire and/or safety code violations?	Not provided - applicant response required.
9	Any foreclosure, repossession or bankruptcy during the past five years?	Not provided - applicant response required.
10	Any judgment or lien during the past five years?	Not provided - applicant response required.
11	Has the business been placed in a trust?	Not provided - applicant response required.
12	Any foreign operations, foreign products distributed in the U.S., or U.S. products sold/distributed abroad?	Not provided - applicant response required.
13	Any other business ventures for which coverage is not requested?	Not provided - applicant response required.
14	Does the applicant own, lease or operate drones?	Not provided - applicant response required.
15	Does the applicant hire others to operate drones?	Not provided - applicant response required.

8. PRIOR CARRIER INFORMATION

LINE	PRIOR CARRIER	POLICY NO.	POLICY TERM / PREMIUM
General Liability	Not provided	Not provided	Not provided
Commercial Property	Not provided	Not provided	Not provided

Prior carrier history, continuous coverage dates, expiring limits, and current premium have not been supplied. Obtain at least the carrier-required prior policy history and declarations before binding.

9. LOSS HISTORY

FIELD	COMPLETED ENTRY
LOSS EXPERIENCE / SUPPORT / CLAIMS	Five (5) years requested. Current carrier loss runs and loss summary not supplied. Claim count, occurrence narratives, paid amounts, reserves, open/closed status and total incurred are UNKNOWN. UNKNOWN IS NOT A REPRESENTATION OF ZERO LOSSES.

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ACORD 126 - COMMERCIAL GENERAL LIABILITY SECTION

PAGE 4 | Coverage selection, limits, deductibles and premiums

10. PRODUCER / APPLICANT / POLICY INFORMATION

FIELD	COMPLETED ENTRY
PRODUCER	Taylor Brooks - Lone Star Commercial Risk Agency (fictional)
PRODUCER PHONE	(214) 555-0120
APPLICANT (FIRST NAMED INSURED)	Apex Mechanical LLC
EFFECTIVE / EXPIRATION DATE	01/01/2027 to 01/01/2028 (carried forward from preceding binder request)
BILLING / PAYMENT PLAN	Agency bill / annual - illustrative; confirm
AUDIT	Annual audit requested - subject to carrier rules
AGENCY CUSTOMER ID	LSCRA-APEX-001
POLICY NUMBER	Not assigned - new business quote submission

11. COVERAGES / LIMITS

COVERAGE / LIMIT	REQUESTED AMOUNT	STATUS / BASIS
Commercial General Liability	Selected	Occurrence form proposed - confirm with carrier
Each Occurrence	$1,000,000	User-specified
General Aggregate	$2,000,000	User-specified; aggregate basis (per policy/project/location) to be confirmed
Products & Completed Operations Aggregate	$2,000,000	Illustrative customary request - confirm
Personal & Advertising Injury	$1,000,000	Illustrative request - confirm
Damage to Premises Rented to You / Fire Damage	$100,000	Illustrative request - confirm
Medical Expense - Any One Person	$5,000	Illustrative request - confirm
Employee Benefits Liability	Not requested / not included	Separate coverage decision required
Owners & Contractors Protective	Not requested / not included	Separate project-specific review if required

12. DEDUCTIBLES / PREMIUMS

ITEM	REQUEST / ENTRY
Bodily Injury Deductible	Not specified - carrier to quote and disclose
Property Damage Deductible	Not specified - carrier to quote and disclose
Per Claim / Per Occurrence Deductible	Not specified - carrier to quote and disclose
Premises / Operations Premium	To be quoted
Products Premium	To be quoted
Other / Total Premium	To be quoted

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ACORD 126 - HAZARD SCHEDULE / CLAIMS-MADE

PAGE 5 | Classification exposure, claims-made and contractor supplemental questions

13. SCHEDULE OF HAZARDS

LOC	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERRITORY	EXPOSURE
001	Commercial HVAC and plumbing contractor	Pending carrier classification	Gross sales - provisional; verify rating basis	Dallas County, TX	$4,500,000 annual revenue*

*The $4,500,000 figure is applicant-provided annual revenue. Class code, territory, rate basis, exposure allocation, rate and premium must be validated by the insurer. No rate or premium is fabricated in this specimen.

14. CLAIMS-MADE / EMPLOYEE BENEFITS LIABILITY

FIELD	COMPLETED ENTRY
CGL FORM BASIS	Occurrence selected as proposed quote basis; applicant/carrier to confirm
CLAIMS-MADE COVERAGE	Not selected in this submission
PROPOSED RETROACTIVE DATE	Not applicable unless claims-made coverage is proposed
ENTRY DATE INTO UNINTERRUPTED CLAIMS-MADE COVERAGE	Not applicable / history not supplied
ANY PRODUCT, WORK, ACCIDENT OR LOCATION EXCLUDED, UNINSURED OR SELF-INSURED FROM PRIOR COVERAGE?	Not provided - applicant response required
TAIL / EXTENDED REPORTING PERIOD PURCHASED UNDER PRIOR POLICY?	Not provided - applicant response required
EMPLOYEE BENEFITS LIABILITY	Not requested; if quoted, employee count = 40 (35 FT + 5 PT); plan-covered employees, deductible and retroactive date not provided

15. CONTRACTORS - PAST OR PRESENT OPERATIONS

NO.	UNDERWRITING QUESTION	RESPONSE
1	Does applicant draw plans, designs or specifications for others?	Not provided - applicant response required.
2	Do any operations include blasting or utilize/store explosive material?	Not provided - applicant response required.
3	Do any operations include excavation, tunneling, underground work or earth moving?	Not provided - applicant response required; identify trenching, utility tie-ins and excavation depths.
4	Do subcontractors carry coverages or limits less than applicant's?	Not provided - obtain subcontractor insurance requirements and certificates.
5	Are subcontractors allowed to work without providing a certificate of insurance?	Not provided - applicant response required; describe COI tracking controls.
6	Does applicant lease equipment to others with or without operators?	Not provided - applicant response required.

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ACORD 126 - SUBCONTRACTORS / PRODUCTS

PAGE 6 | Contracting controls and products/completed operations

16. SUBCONTRACTOR INFORMATION

FIELD	COMPLETED ENTRY
TYPE OF WORK SUBCONTRACTED	Not provided - identify plumbing, HVAC, electrical, sheet metal, controls, roofing/penetration and other subcontracted scopes, if any
AMOUNT PAID TO SUBCONTRACTORS	Not provided
% OF TOTAL WORK SUBCONTRACTED	Not provided
FULL-TIME / PART-TIME STAFF	35 full-time / 5 part-time - supplied
SUBCONTRACTOR CONTROLS	Not provided - confirm written agreements, AI/waiver of subrogation requirements, minimum limits, certificates, ongoing monitoring and hold-harmless language

17. PRODUCTS / COMPLETED OPERATIONS

QUESTION / FIELD	RESPONSE
Products manufactured or sold under applicant name	Not provided - confirm whether applicant manufactures, private-labels, distributes or merely installs third-party HVAC/plumbing equipment
Installation / service / demonstration of products	Yes - installation, service and repair are consistent with the stated HVAC/plumbing contracting operations; exact activities to verify
Foreign products / components	Not provided - applicant response required
Research and development / new products	Not provided - applicant response required
Written guarantees, warranties or hold-harmless agreements	Not provided - furnish standard contract and warranty forms
Products recalled, discontinued or materially changed	Not provided - applicant response required
Products of others resold or repackaged under applicant label	Not provided - applicant response required
Vendors additional insured coverage required	Not provided - contract review required
Annual gross sales / units / time in market / expected life	Not applicable if no manufactured/distributed products; confirm. Equipment installed as part of contracting services should be described in the operations narrative.

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ACORD 126 - GENERAL INFORMATION

PAGE 7 | General liability supplemental questions and remarks

All responses in this section are marked “Not provided” because no applicant attestations were supplied. The broker must obtain explicit answers and explain every Yes response before submitting to a carrier.

18. GENERAL INFORMATION - PAST OR PRESENT OPERATIONS

NO.	QUESTION	RESPONSE
1	Any medical facilities provided or medical professionals employed/contracted?	Not provided - applicant response required.
2	Any exposure to radioactive or nuclear materials?	Not provided - applicant response required.
3	Any operations involving storage, treatment, discharge, application, disposal or transport of hazardous materials?	Not provided - applicant response required.
4	Any operations sold, acquired or discontinued in the last five years?	Not provided - applicant response required.
5	Any machinery or equipment loaned or rented to others?	Not provided - applicant response required.
6	Any structural alterations contemplated?	Not provided - applicant response required.
7	Any demolition exposure contemplated?	Not provided - applicant response required.
8	Has applicant been or is applicant currently active in joint ventures?	Not provided - applicant response required.
9	Do you lease employees to or from other employers?	Not provided - applicant response required.
10	Any work performed outside the United States or foreign operations?	Not provided - applicant response required.
11	Any other operations, products or locations not described elsewhere in this application?	Not provided - applicant response required.
12	Any work involving residential habitational buildings, condominiums or tract housing?	Not provided - applicant response required.
13	Any work on buildings over four stories or high-rise structures?	Not provided - applicant response required.
14	Any work on hospitals, schools, airports, public infrastructure or other specialized occupancies?	Not provided - applicant response required.
15	Any hot work, torch-applied roofing, welding, brazing or cutting away from applicant premises?	Not provided - applicant response required.
16	Any pollution, mold, asbestos, lead, silica or environmental remediation exposure?	Not provided - applicant response required.
17	Any work involving fire sprinkler systems, gas piping or other life-safety systems?	Not provided - applicant response required.
18	Any contractual assumption of liability beyond applicant’s own negligence?	Not provided - applicant response required.
19	Any prior or pending litigation, licensing actions, OSHA citations or material safety violations?	Not provided - applicant response required.
20	Any work performed by uninsured subcontractors or independent contractors?	Not provided - applicant response required.

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ACORD 126 - OTHER COVERAGES / APPLICANT REPRESENTATION

PAGE 8 | Endorsement requests, remarks and applicant authorization

19. OTHER COVERAGES / RESTRICTIONS / ENDORSEMENTS REQUESTED

FIELD	COMPLETED ENTRY
ADDITIONAL INSUREDS	None scheduled in supplied information. Provide written contracts and entity/party schedule if required.
WAIVER OF SUBROGATION	Not requested / not specified - confirm contractual requirements.
PRIMARY AND NONCONTRIBUTORY	Not requested / not specified - confirm contractual requirements.
PER PROJECT / PER LOCATION AGGREGATE	Not specified - obtain contract requirements and advise carrier.
POLLUTION / PROFESSIONAL / DESIGN-BUILD	Not requested; any design, engineering, consulting or pollution exposure requires separate disclosure and coverage analysis.
REMARKS / PROCESSING INSTRUCTIONS	New business quote for commercial HVAC and plumbing contractor in Dallas, Texas. Revenue $4.5M; 35 FT and 5 PT employees. Requested CGL limits $1M each occurrence / $2M general aggregate. Property exposure to be submitted separately with ACORD 140 and a complete statement of values.

20. APPLICANT REPRESENTATION / SIGNATURE

This specimen is not signed and does not contain an applicant attestation. Before execution, the applicant must review the complete application, correct all illustrative assumptions, answer all unanswered questions, disclose all known facts material to underwriting, and attach supporting schedules. Any applicable fraud warning, privacy notice, signature language and state-specific notices must be taken from the carrier-approved/current licensed form and applicable state requirements.

AUTHORIZATION FIELD	ENTRY
APPLICANT AUTHORIZED SIGNER	To be completed by authorized member / manager
TITLE	To be completed
SIGNATURE	Pending - no signature supplied or simulated
DATE	Pending
PRODUCER SIGNATURE / DATE	Pending broker review and countersignature, if required

PROPERTY SUBMISSION GAP: ACORD 125 identifies Commercial Property as a requested line, but ACORD 126 covers General Liability only. A property underwriting package still requires the applicable property section/schedule (commonly ACORD 140), statement of values, construction, occupancy, protection, year built, roof, updates, valuation, deductibles and business income details. None have been supplied here.