



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
10/2/2012

AGENCY MERCER INSURANCE AGENCY 9858 CONCORD ROAD DUBLIN OHIO 43017 5540 FOREST HIGHLANDS COURT	CARRIER COMPANY POLICY OR PROGRAM NAME POLICY NUMBER																								
CONTACT NAME: PHONE (A/C. No. Ext): 614-718-9599 FAX (A/C. No.): 614-718-9590 E-MAIL ADDRESS: mercermark@att.net CODE: 34-939-01 SUBCODE:	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td>QUOTE</td> <td style="width: 15%;"><input type="checkbox"/></td> <td>ISSUE POLICY</td> <td style="width: 15%;"><input type="checkbox"/></td> <td>RENEW</td> </tr> <tr> <td><input type="checkbox"/></td> <td>BOUND (Give Date and/or Attach Copy):</td> <td><input type="checkbox"/></td> <td>DATE</td> <td><input type="checkbox"/></td> <td>TIME</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CHANGE</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>AM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CANCEL</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>PM</td> </tr> </table>	<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):	<input type="checkbox"/>	DATE	<input type="checkbox"/>	TIME	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>		<input type="checkbox"/>	AM	<input type="checkbox"/>	CANCEL	<input type="checkbox"/>		<input type="checkbox"/>	PM
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AGENCY CUSTOMER ID:																									

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Columbus Office Solutions LLC 3700 Sulivant Av Columbus Ohio 43228	GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
BUSINESS PHONE #: WEBSITE ADDRESS					
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) BUSINESS PHONE #: WEBSITE ADDRESS					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
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CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Mike Miller		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 614-334-3333	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: mike@ideal-investments.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 3700 Sulivant Av Columbus Ohio 43228	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 10	ANNUAL REVENUES: \$ 606,231.64
BLD #	CITY: Franklin	STATE: 	ZIP: 	# PART TIME EMPL	OCCUPIED AREA: 2000 SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC # 2	STREET	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	ZIP:	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC # 3	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	ZIP:	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	ZIP:	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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 checked="" type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Sale of office machines new and used. Installation, inspection, adjustment or repair.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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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 <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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION:	BUILDING:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):			VEHICLE:	BOAT:	
	REASON FOR INTEREST:	E-MAIL ADDRESS:			AIRPORT:	AIRCRAFT:	
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						FAX (A/C, No):	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<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?				N
<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?				N
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"/>	
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).				N
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	Ohio Casualty	Ohio Casualty	Ohio Casualty	
	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

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