



**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
GENERAL LIABILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	RETRO DATE																	
	EFF-EXP DATE																	
	LIMITS	GENERAL AGGREGATE																
		PRODUCTS COMP OF AGGREGATE																
		PERSONAL & ADV INJ																
		EACH OCCURRENCE																
		FIRE DAMAGE																
		MEDICAL EXPENSE																
		BODILY INJURY	OCCURRENCE															
			AGGREGATE															
		PROPERTY DAMAGE	OCCURRENCE															
			AGGREGATE															
COMBINED SINGLE LIMIT																		
MODIFICATION FACTOR																		
TOTAL PREMIUM																		
AUTOMOBILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	COMBINED SINGLE LIMIT																	
	BODILY INJURY	EA PERSON																
		EA ACCIDENT																
	PROPERTY DAMAGE																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	
PROPERTY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	BUILDING	AMT																
	PERS PROP	AMT																
	MODIFICATION FACTOR																	
TOTAL PREMIUM																		
	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	LIMIT																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)											CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED		CLAIM STATUS		
										OPEN	CLSD	

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (If applicable)

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, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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.

**BRITT/PAULK INSURANCE AGENCY, INC.**

**Please return completed app to Oklahoma General Agency**

**APPLICATION**

QUOTE DATE		AGENCY NAME	
COVER DATE		AGENCY CONTACT	
EXP. DATE		AGENCY PHONE NO.	(     )
POLICY TERM		AGENCY FAX NO.	(     )
DOES AGENT KNOW PROPOSED INSURED PERSONALLY		(     ) YES	(     ) NO
WHAT OTHER COVERAGES DO YOU WRITE FOR THIS INSURED			NO. OF YEARS

**INSURED INFORMATION**

INSURED NAME				SS#
INSURED DBA				FED ID #
PHYSICAL ADDRESS:				PHONE#
MAILING ADDRESS:				
CITY			STATE	ZIP
TYPE BUSINESS				YRS IN BUSINESS
PRIOR CARRIER				5 YR LOSS AMT \$
EXPLANATION OF LOSS				
WHAT COMPANY WRITES W/C & G/L FOR INSURED			LOSS DATE:	
RADIUS OF OPERATION	MILES		AVG YRS EXPERIENCE OF OPERATORS	
#PIECES OWNED	#PIECES INSURED			
	YES	NO	EXPLAIN YES RESPONSES	
ANY EQUIPMENT RENTED OR LOANED TO OTHERS WITH OPERATOR?				
ANY EQUIPMENT RENTED OR LOANED TO OTHERS WITHOUT OPERATOR?				
PROVIDE OVERVIEW OF MAINTENANCE PROGRAM (ATTACH SEPARATE SHEET IF NECESSARY.)				
FOR FORESTRY/CONSTRUCTION, DESCRIBE COOL DOWN PROCEDURES. (ATTACH SEPARATE SHEET IF NECESSARY.)				

**EQUIPMENT DETAIL**

NOTE TYPE OF FIRE SUPPRESSION EQUIPMENT BY EACH MACHINE LISTED BELOW (I.E., WATER TANK, FIRE EXTINGUISHER, ETC.)

UNIT	YEAR	MAKE & MODEL	FIRE	SERIAL NO.	INS. AMT.	DED.	RATE	PREMIUM
#1								
#2								
#3								
#4								
#5								

THE UNDERSIGNED CERTIFIES THAT THE ANSWERS HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. SIGNING OF THE APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY BE ISSUED.

LOSS PAYEE \_\_\_\_\_ TOTAL  
 PREMIUM \_\_\_\_\_  
 SIGNATURES:  
 APPLICANT: \_\_\_\_\_  
 PRODUCER \_\_\_\_\_