



Inland Marine Basic Application

Complete this page or ACORD 125.

Attach application for appropriate class(es) of coverage.

PRODUCER INFORMATION

Agency Name:	Worldwide Insurance Specialists, Inc.		
Address:	2424 W. Missouri Ave.		
City:	Phoenix		
State:	AZ	Zip:	85015
Producer Code:	(six digits)	Submitted by:	
		Phone Number:	

APPLICANT INFORMATION

First Named Insured:			
Address:			
City:	ST:	Zip:	
Years...	... at this location	... in this business	
Attachments:	<input type="checkbox"/> Y <input type="checkbox"/> N	Additional named insureds?	<input type="checkbox"/> Y <input type="checkbox"/> N
		Loss payees & addresses?	<input type="checkbox"/> Y <input type="checkbox"/> N
Action:	Quote <input type="checkbox"/>	Issue <input type="checkbox"/>	Bound (date, time effective):
Billing:	Agency <input type="checkbox"/>	Direct <input type="checkbox"/>	Payplan: <input type="checkbox"/>
Is applicant an existing client?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you handle this coverage now?	<input type="checkbox"/> Y <input type="checkbox"/> N
Present Carrier:		Premium/Rate:	
Desired Effective Date:		Desired Expiration Date:	
Any other insurance with this Company or being submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify under "Remarks"	
Describe Operations:			
Gross Annual Sales:	\$		
Any policy/coverage declined, cancelled or non-renewed in past 3 years? (Not applicable in MO)	<input type="checkbox"/> Y <input type="checkbox"/> N	If so, for what reason?	
Has applicant ever filed bankruptcy or reorganization?	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:	Court:
For Inspection, contact (name, phone number):			

LOSS HISTORY (past 5 years)

Lctn #	Date	Amount Pd.	Open Clm?	Deductible	Cause of Loss	Prevention Implemented
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> No losses in the past 5 years.				<input type="checkbox"/> More loss history on attached pages?		

REMARKS

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Any person who knowingly and with intent to defraud any insurance company or other 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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature, Date:

Producer Signature, Date:

F. 170A (3/08)

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.