

Acord	Description	Page #	Checklist
125	Commercial Insurance App <i>(Always needed, unless you are completing the Work Comp Acord 130 only)</i>	1 of 4	1) FEIN or Social Sec# <i>(if FEIN is pending, show soc security # & confirm name for that SS#)</i> 2) Business Phone #
		2 of 4	1) Date Business Started (by your applicant) 2) Description of Primary Operations: <i>(Identify all tenants if any Lessors Risk Exposure)</i> 3) Off Premises Installation, Service or Repair Work %
		3 of 4	1) Prior Carrier Information: identify current/expiring carrier & policy term 2) If seeking a mid-term quote, identify reason on the Acord 125
		4 of 4	1) Loss History: identify when Company Loss Runs will be available if not attached 2) Loss History: until Company Loss Runs are available, what losses does the applicant recall 3) Producer's Signature & Printed Name: You should sign & complete this section
		Other:	If applicant is a Corp or LLC, confirm their Legal and Proper Name using the link below: https://www.nebraska.gov/sos/corp/corptestsearch.cgi?nav=search
186	Contractors Supplement		If applicable
185	Restaurant/Tavern Supplement		If applicable
802	Hotel/Motel Supplement		If applicable
140	Property Section	Ea Bldg	1) Identify the Occupancy of each building <i>(this field is just below the Street Address)</i> 2) Other Forms to Consider Listing, in addition to those you've identified: Broadest Property Enhancement and Equipment Breakdown 3) Bus Income/Extra Exp/Rents: Show Limit with 1/3, 1/4 or 1/6 Monthly Limitation or Colns % 4) Construction Type & all info to the right, even if Bus Pers Property only 5) Bldg Improvement Year is needed on all items listed, if Bldg is 25 years or older 6) Bldg Improvements: If no Plumbing or Heat in the Bldg, identify that is the case 7) Roof Type: e.g. Metal, Asphalt Shingle, Membrane, Tar & Rock <i>(Identify the type)</i> 8) Central Station Burglar Alarm should be identified, <i>if applicable</i> 9) Sprinklered Bldgs or Central Station Fire Alarm should be identified, <i>if applicable</i>
		Other:	a) Check the Bldg cost per square foot for a reasonable range for the Limit & Colns shown b) Incl the County Assessor information & confirm Owner of the Property; this link may help: http://www.revenue.nebraska.gov/PAD/counties/counties.html c) Add the Property Owner as Add'l Insd if it is not the same as the Applicant Name d) Show Lenders Loss Payee on Bus Personal Property (rather than Loss Payee) e) Show Mortgagee on Buildings <i>(rather than Loss Payee)</i> f) Does a Contract of Sale apply to the Property, and if so, is it Bldg only or Bldg and BPP?
139	Statement of Values (Property)		If applicable for Blanket Limits and/or Agreed Amount

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126	<p>Commercial General Liability <i>(Auto Service/Repair Garage or Auto Dealerships should refer to the Acord 128 and 138 on the next page)</i></p>	<p>1 of 4 Deductibles does NOT pertain to the Property Cov Part; normally you'll leave this blank Other Coverages to consider listing, in addition to those you've identified:</p> <ol style="list-style-type: none"> 1) CCC and Voluntary PD 2) Broadest Enhancement Endorsement Available 3) Blkt Add'l Insured incl Primary/Non-Contributory & WOS required under written contract 4) Blkt Add'l Insured under written contract needs to include Completed Operations? 5) Specific Additional Insureds: Identify Form # needed or their Interest as Add'l Insured 6) Schedule of Hazards: Classification/ 5-digit Class Code/Prem Basis & Exposure 7) Employee Benefits Liab is E&O for the administration of an Employee Benefit Program <hr/> <p>Classification Exposure Hints: Contractors: \$payroll for employees, plus # of owners at flat payroll Show actual employee payroll amount <i>(should match WC payroll without owner)</i> List # of owners at flat payroll <i>(GL Flat payroll varies by carrier)</i> Do NOT include clerical payroll Retail: Estimated annual Gross Sales Club: # of Members Lessors Risk: Square Footage Leased to Others <i>(See Acord 125 abt Tenant Occupancy)</i> Office: Square Footage Vacant Land or Lake: # of Acres Theaters: # of annual admissions Subcontractors: \$ cost incl labor & materials/equip you furnished for them</p> <hr/> <p>What is the percent of work subcontracted? Percentage calculation is based on wages paid to others as compared to the total paid for all workers regardless of whether or not the subcontractor is insured separately. (Example: \$100,000 total wages including \$10,000 wages to subcontractors = 10% subcontracted wages)</p>
187	Professional Liability	Barber/Beauty Salon, Funeral Directors, Optical, Hearing, Printers, Veterinarians
827	Employment Practices Liability	The most frequent types of claims covered under such policies include: wrongful termination, discrimination, sexual harassment, and retaliation.
837	Cyber & Privacy Coverage	

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137	Nebr Commercial Auto (N/A if Garage or Dealer)	1) Limits and Covered Auto Symbols 2) Forms/Endorsements to consider listing, in addition to those you've identified: a) Broadest Enhancement Endorsement Available incl Blkt Addl Insd & Waiver of Subrogation b) Drive Other Car if that person(s) has NO Personal/Family Auto Insurance
127	Business Auto Section (N/A if Garage or Dealer)	Always complete in addition to the Acord 137 above
129	Vehicle Schedule	If needed to schedule more vehicles, USE WITH GARAGE & DEALERS BELOW ALSO , if applicable.
138	Nebr Garages and Dealers	1) Limits and Covered Auto Symbols 2) Physical Damage Limit For Each Location: Dealers Open Lot Limit 3) Garagekeepers: Vehicles in the applicant's Care, Custody or Control Limit 4) Auto Dealers be sure to show: a) Phys Dmg Reporting Period, b) # of Dealer Plates, c) Temporary Location Limit, and d) Transit Limit 5) # of Hoists applies to Dealers and Service/Repair Garages 6) Forms/Endorsements to consider listing, in addition to those you've identified: a) Broadest Enhancement Available incl Blkt Addl Insd & Waiver of Subrogation b) Drive Other Car if that person(s) has NO Personal/Family Auto Insurance 7) Remarks to consider adding: If Garagekeepers applies to items other than Vehicles, for example: Farm or Contractors Machinery/Equipment
128	Garage and Dealers Section	Always completed in addition to the Acord 138 above
		1) Non-Dealers Premises & Operations: # of employees, excluding clerical 2) Service or Repair Shops: Gross Sales and # of Gallons of Gas Pumped Per Year

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130	Workers Compensation App <i>(add Acord 133 below if Assigned Risk applies)</i>	<p>1 of 4 1) Yrs in Business (just to the right of the Mailing address) 2) Federal Employer ID Number (or Social Security # if there is no FEIN) 3) Contact Name and Phone Number 4) Individuals Included/Excluded (list everyone with 25% or more ownership) <i>Be sure to include Ownership %, Incl or Excl and Class Code if Incl.</i></p> <hr/> <p>2 of 4 1) 4 digit Class Code & Classification 2) # of Full Time and # of Part Time Employees for each Class Code 3) Payroll Estimate for each Class Code</p> <hr/> <p>Other: Waiver of Subrogation: Provide Name & Address -or- Advise if Blanket WOS is needed</p> <hr/> <p>Other: 2/1/22 NEBRASKA Owner & Executive Officer WC Payrolls are: Each Partner, Sole Proprietor and LLC Member: \$47,500 Flat (\$45,900 Eff 2/1/2021) Executive Officer Minimum: \$900 per Week = \$46,800 Annual (\$900/\$46,800 Eff 2/1/2021) Executive Officer Maximum: \$3,700 per Week = \$192,400 Annual (\$3,500/\$182,000 Eff 2/1/2021)</p> <hr/> <p>3 of 4 1) Prior Carrier Information: identify current/expiring carrier & policy term 2) If seeking a mid-term quote, identify reason on the Acord 130 3) Loss History: identify when Company Loss Runs will be available, if not attached 4) Loss History: until Loss Runs are available, what losses does the applicant recall 5) Nature of Business/Description of Operations 6) General Info: ANSWER ALL & EXPLAIN ALL "YES" RESPONSES</p> <hr/> <p>4 of 4 General Info: ANSWER ALL & EXPLAIN ALL "YES" RESPONSES</p> <hr/> <p>Other: If they have an Experience Mod, provide a copy of the latest Exp Mod Worksheet. The applicant can obtain their Mod Wksht from NCCI's website. For guidance they may call NCCI at 800-622-4123, once the prompts start press 4 for Experience Rating Info and follow the prompts to visit with an NCCI representative. <i>The applicant will need their FEIN (If they know it, they can use their NCCI Risk ID# also)</i></p>
131	Umbrella/Excess Section	*****consider including this with every submission*****
36	Agent of Record Letter	N/A with Travelers, Progressive or Flood Insurance: Contact NBISCO
147	Builders Risk/Installation Fltr	N/A with US Assure/Zurich: Contact NBISCO
193	Cargo	
152	Comm'l Inland Marine	We can accept Equipment Floater Acord 146, if the 152 is not available
141	Crime	If there are ERISA Plans, name the Plan and inquire into whether they carry Fiduciary Liability
148	Electronic Data Processing	
144	Sign	
37	Statement of No Loss	
133	Workers Comp Assigned Risk	https://doi.nebraska.gov/consumer/nebraska-workers-compensation-insurance-plan