

GENERAL LIABILITY APPLICATION

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION
MUST BE SIGNED AND DATED BY INSURED.**

Applicant Name and Address _____

Agency No. _____

Agent _____

At _____

Location Address _____

(If more than one location attach separate sheet)

Individual Partnership Joint Venture Corporate Other (describe)

Inspection (Contract/Phone) _____

Proposed Policy Period _____ to _____

COVERAGE

LIMITS OF LIABILITY

- COMPREHENSIVE GENERAL LIABILITY
- OWNERS, LANDLORDS & TENANTS
- MANUFACTURER'S & CONTRACTORS
- OWNER'S & CONTRACTORS PROTECTIVE
- CONTRACTUAL BLANKET DESIGNATED
- PRODUCTS/COMPLETED OPERATIONS

OPTIONS

- BROAD FORM PROPERTY DAMAGE
 - INCLUDE EXCLUDE COMPETED OPS.
- EXTENDED GL ENDORSEMENT
 - INCLUDE X XC C
- FIRE LEGAL LIABILITY (Give locations & Limits)

- PERSONAL INJURY A B C DELETE EXCLUSION C
- OTHER _____

COVERAGE	EACH OCCURRENCE	AGGREGATE
BODILY INJURY	\$	\$
PROPERTY DAMAGE	\$	\$
COMBINED SINGLE LIMIT	\$	\$
DEDUCTIBLE --- PER CLAIM		
\$ _____		

STATE NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS/OCCUPANCY BY LOCATION.

Years in business _____ Years of Experience in this field _____

SCHEDULE OF HAZARDS

LOC #	DESCRIPTION	CODE	PREMIUM BASIS	TERR.
	PREMISES/OPERATIONS		(a) Area (p) Payroll (r) Receipts (f) Frontage (m) Admission (t) Other	
	INDEPENDENT CONTRACTORS		COST	
	CONTRACTUAL		Number Cost	
	PRODUCTS/COMPLETED		Receipts	

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	8	Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	9	Participation in trade shows, exhibits, or conventions?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any operations sold, acquired, or discounted in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	10	Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	11	Sporting or social events sponsored	<input type="checkbox"/>	<input type="checkbox"/>
5	Any medical facilities provided or doctors employed/contracted?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
6	Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do operations involve storing treating, discharging, applying, disposing, or transporting of hazardous material?(e.g. landfills, wastes, fuel tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	14	Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
				15	Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL SALES RECEIPTS	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	Does applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>	6	Products recalled, discontinued, changed?	<input type="checkbox"/>	<input type="checkbox"/>
2	Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	7	Products of other sold or re-packaged under applicant label?	<input type="checkbox"/>	<input type="checkbox"/>
3	Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>				
4	Guarantees, Warranties, Hold Harmless Agreements?	<input type="checkbox"/>	<input type="checkbox"/>	8	Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
5	Products related to aircraft/space industry?	<input type="checkbox"/>	<input type="checkbox"/>	9	Vendors coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							

CONTRACTORS

#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	Does applicant draw plans, designs or specifications?	<input type="checkbox"/>	<input type="checkbox"/>	4	Do your subcontractors carry coverage or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do any operations include blasting or utilize or store explosive material?	<input type="checkbox"/>	<input type="checkbox"/>	5	Are certificates of insurance required from subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do any operations include evacuation, tunneling, underground work or earth moving?	<input type="checkbox"/>	<input type="checkbox"/>	6	Does applicant lease equipment to others with or without operators?	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED: FULL TIME STAFF: PART TIME STAFF: <hr/> <hr/> <hr/>							

CONTRACTUAL LIABILITY

DESCRIBE ALL HOLD HARMLESS AGREEMENTS (Dates, Contracting Party, Cost) <hr/> <hr/> <hr/>
--

CERTIFICATE RECIPIENTS/ADDITIONAL INTEREST

#	NAME AND ADDRESS	INTERES	ADD'L INS'D
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
REMARKS <hr/> <hr/> <hr/>			

ADDITIONAL INFORMATION OR COMMENTS

LOSS INFORMATION

Prior Carriers (Last Three Years)

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Loss History (Last Three Years)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

During the past three years, has any company ever cancelled, declined, or refused to issue any similar insurance to the applicant? Yes No

If yes, please explain _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.