

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Commercial General Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

Proposed Policy Period ____ to ____ Inspection Contact _____

Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. State nature of your business / description of operations / occupancy by location.

| NATURE OF YOUR BUSINESS | DESCRIPTION OF OPERATIONS | OCCUPANCY |
|-------------------------|---------------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

SCHEDULE OF HAZARDS (Attach a separate sheet, if necessary)

| Loc. # | DESCRIPTION | CLASS CODE | PREMIUM BASIS | INTEREST | PART OCCUPIED |
|--------|-------------|------------|---------------|---|---------------|
| | | | | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | _____% |
| | | | | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | _____% |
| | | | | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | _____% |
| | | | | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | _____% |

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
2. Any operations sold, acquired, or discontinued in the last 5 years? Yes No
3. Is a formal safety program in operation? Yes No
4. Any exposure to flammables, explosives or chemicals? Yes No
5. Any medical facilities provided, or doctors employed / contracted? Yes No
6. Machinery or equipment loaned or rented to others? Yes No
7. Do past, present or discontinued operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.? Yes No
8. Any parking facilities owned or rented? Yes No
If yes, is a fee charged? Yes No
9. Are employees leased to or from other employers? Yes No
10. Any participation in trade shows, exhibits or conventions? Yes No
11. Are recreation facilities provided? Yes No
12. Are sporting or social events sponsored? Yes No
13. Are any structural alterations or demolition exposure contemplated? Yes No
14. Is there a swimming pool on the premises? Yes No
15. Are any watercraft, docks or floats owned, hired or leased? Yes No
16. Does any Named Insured sell to any other Named Insured? Yes No

Remarks: _____

PRODUCTS/COMPLETED OPERATIONS

| PRODUCTS | GROSS ANNUAL SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

EXPLAIN ALL "YES" RESPONSES

1. Does the applicant install, service or demonstrate products? Yes No
2. Are foreign products sold, distributed, or used as components? Yes No
3. Is research and development conducted or new products planned? Yes No
4. Does the applicant have guarantees, warranties or Hold Harmless agreements? Yes No
5. Are products related to aircraft, aviation or space industry? Yes No
6. Are products recalled, discontinued or changed? Yes No
7. Are products of others sold or re-packaged under applicant's label? Yes No
8. Are products under label of others? Yes No

PRODUCTS/COMPLETED OPERATIONS

9. Is vendors' coverage required?..... Yes No

Attach literature, brochures, labels, warnings, etc.

Remarks: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES

- 1. Does applicant draw plans, designs or specifications?..... Yes No
- 2. Do any operations include blasting or utilize or store explosive materials?..... Yes No
- 3. Do any operations include excavation, tunneling, underground work or earth moving?..... Yes No
- 4. Are subcontractors allowed to work without providing you with a certificate of insurance?..... Yes No
- 5. Do your subcontractors carry coverage or limits less than yours?..... Yes No
- 6. Does applicant lease equipment to others with or without operators?..... Yes No
- 7. Describe the type of work, percentage subcontracted and number of full-time and part-time staff. (Attach additional sheet, if necessary)

| TYPE OF WORK | PERCENTAGE SUBCONTRACTED | NUMBER OF STAFF | |
|--------------|-----------------------------|-----------------|-----------|
| | | FULL-TIME | PART-TIME |
| | % | | |
| | % | | |

8. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? Yes No

Remarks: _____

CONTRACTUAL LIABILITY

Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost): **Attach** Copies

| DATES | CONTRACTING PARTY | COST |
|-------|-------------------|------|
| | | \$ |
| | | \$ |
| | | \$ |

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

| NAME AND ADDRESS | RELATIONSHIP TO APPLICANT | ADDITIONAL INSURED | CERTIFICATE |
|------------------|---------------------------|--------------------------|--------------------------|
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

| YEAR | CARRIER | POLICY NUMBER | LIMITS | PREMIUM |
|------|---------|---------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

LOSS HISTORY (LAST FIVE YEARS)

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

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date