

GENERAL LIABILITY APPLICATION

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

1. **Named Insured** (The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes – refer to policy wording.)

2. **Mailing Address** **Street** **City** **County** **State** **ZIP Code**

3. **Effective Date Desired:** _____ **Term Desired:** _____

4. **Applicant is:** Individual Partnership Corporation LLC Trust
 Other (specify): _____

Contact Name: _____ **Title:** _____ **Phone No.:** _____

Location of premises: <input type="checkbox"/> Same as mailing address		Occupancy	Own	Lease
			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(List any additional locations on separate page)

DESCRIPTION OF OPERATIONS

Describe Operations:

Years in business: _____ **Years of experience in this field:** _____

PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE YEARS

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason.

GENERAL INFORMATION

	Yes	No
1. Any operations sold, acquired, or discontinued in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
3. Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing, or transporting of chemicals (e.g. fertilizer, LPG, gasoline, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are parking facilities in common areas free from defects and adequately lighted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Participation in trade shows, exhibits or conventions?	<input type="checkbox"/>	<input type="checkbox"/>
7. Recreation facilities or equipment provided?	<input type="checkbox"/>	<input type="checkbox"/>
8. Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a swimming pool or other water exposures on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all Yes answers:

SUBCONTRACTED WORK

Do you subcontract work to others? Yes No

a. Type of work: _____

b. Cost of subcontractor's/contract labor: \$ _____

c. Are subcontractors required to carry insurance? Yes No If yes, indicate coverages and limits:

1. Comprehensive General Liability with Contractual:

2. Are you named as an additional insured? Yes No

d. Are certificates of insurance required from subcontractors? Yes No

e. Estimated number of subcontracted jobs in past 12 months: _____

Explain all Yes answers:

PRODUCTS-COMPLETED OPERATIONS

PRODUCTS	ANNUAL SALES RECEIPTS	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

	Yes	No
1. Does applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>
2. Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>
3. Guarantees, warranties, hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>
4. Products recalled, discontinued, changed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Products of others sold or re-packaged under applicant label?	<input type="checkbox"/>	<input type="checkbox"/>
6. Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
7. Vendors coverage required?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

Explain all Yes answers:

CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)

DESCRIBE ALL CONTRACTS AND/OR HOLD HARMLESS AGREEMENTS, WHETHER WRITTEN OR ORAL (dates, contracting parties, cost):

CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME & ADDRESS	INTEREST	ADD'L INSURED
1. _____		<input type="checkbox"/>
2. _____		<input type="checkbox"/>

COVERAGES/LIMITS

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products/Completed Operations Aggregate
 - Personal and Advertising Injury \$ _____ Personal and Advertising Injury
 - Contractual Liability \$ _____ Each Occurrence
 - Damage to Premises Rented to You \$ _____ Damage to Premises Rented to You
 - Medical Payments \$ _____ Medical Payments

Annual payroll: _____ Gross sales: _____
 # of employees: _____ # of owners: _____

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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

Signature of Applicant Title Date

Producer to complete:

RISK INFORMATION

Do you know the applicant? Yes No If Yes, how long:
 Do you have other insurance with the insured? Yes No If Yes, how many years:
 Types:

Signature of Producing Agent Date

Agent Name and Address