

Commercial General Liability Application

Policy Term From: _____ To: _____

Name of Applicant: _____
 Address of Applicant: _____
 Location of Exposures: _____
 Inspection Contact Name: _____ Phone Number: _____
 Business/Description of Operations: _____

Policy Effective Date: _____ Expiration Date: _____
 Applicant is: Individual Partnership Corporation Other, Describe _____

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form <input type="checkbox"/> Premises-Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Other (Specify) _____ _____ _____	General Aggregate (Other Than Products-Completed Operations) \$ _____ Products-Completed Operations Aggregate \$ _____ Personal & Advertising Injury Each Occurrence \$ _____ Fire Damage (Any One Fire) \$ _____ Medical Expense (Any One Person) \$ _____	Premises/Operations _____ Products _____ Other _____ Total _____

SCHEDULE OF HAZARDS

Classification Description	Class Code	Premium Bases (a) Area (c) Total Cost (m) Admissions (p) Payroll (s) Gross Sales (u) Units	Terr	Rate		Premium	
				Premises/Ops	Products	Premises/Ops	Products
				(a) per 1,000 square feet (c) per 1,000 of Total Cost (m) per 1,000 admissions (p) per \$1,000 of payroll (s) per \$1,000 of Gross Sales (u) per each			
Total Advance Premiums						\$	\$

Transition

1. Has this risk or any location owned by the insured ever been disqualified from the transition program? _____
 2. If this risk is eligible for transition, please indicate the following:

First Year of Qualification	Location	Class	Area	Sales

Claims-Made

1. Retroactive Date (proposed) _____
 2. Date entered into uninterrupted claims-made coverage: _____
 3. Has tail coverage been purchased under any previous policy? _____

General Information

#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No
1	Any advertising signs away from premises?	<input type="checkbox"/>	<input type="checkbox"/>	9	Any mechanically operated riding devices?	<input type="checkbox"/>	<input type="checkbox"/>
2	Equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	10	Any saddle animals owned or used?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any boats, docks, floats, owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>	11	Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any elevator or escalators on premises?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
6	Any sun tan booths?	<input type="checkbox"/>	<input type="checkbox"/>	14	Operations involve discharge of fumes, acids, wastes?	<input type="checkbox"/>	<input type="checkbox"/>
7	Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	15	Are there any underground tanks on premises?	<input type="checkbox"/>	<input type="checkbox"/>
8	Any swimming pools (private or commercial)?	<input type="checkbox"/>	<input type="checkbox"/>	16	Do you install underground tanks?	<input type="checkbox"/>	<input type="checkbox"/>

Manufacturing, Proceession, Contracting or Servicing

- Describe operations & equipment _____
- How long in business? _____ Do you have any other operations not described? _____
- Are accounting records well kept? _____ Where can audit be made? _____
- Does applicant draw plans, designs, specifications? _____
- Does applicant lease equipment to others with or without operators? _____
- Any work done by contractors or subcontractors? _____
- Are certificates of insurance required from subcontractors? _____
- Is any blasting done? _____ Is any excavation or underground work done? _____ If so, describe under Remarks Section.
- (a) How many employees including owners, partners and officers? _____
 (b) How many employees other than partners, owners and officers? _____
 (c) What was total payroll for all officers and all employees for past year? _____
 (d) What was total gross receipts from all operations for previous year? _____
- Complete the following for all Owners, Partners, Corporate Officers (attach listing if inadequate space)

Name	Title & Duties	Payroll

Mercantile, Building or Premises

- Is insured owner, lessee or tenant? _____
- What portion does insured occupy? _____
- For what purpose? _____
- If insured does not use the entire premises how is remainder occupied? _____
- Number of stories excluding basement? _____
- Area of bldg. (sq. ft.) _____ Frontage (in ft.) _____
- Construction of bldg? _____ Approximate age? _____
- Does public have access to basement? _____ For what purpose? _____
- Basement area (square feet) _____
- Is property multi-family rental (more than 2 family)? Yes No If yes, have smoke detectors been installed? Yes No Are they checked periodically to determine if in working condition? Yes No

Products/Completed Operations

Product	Annual Sales or Receipts	No. of Units	Time in Market	Expected Life	Intended Use	Principal Components

#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No
1	Does applicant install, service or demonstrate product?	<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 others 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"/>	8	Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
4	Guarantees, warranties, hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>	9	Vendors coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
5	Products related to aircraft/space industry?	<input type="checkbox"/>	<input type="checkbox"/>				

For products sold or distributed, please attach literature, brochures, labels, warnings, etc.

Additional Interest – Certificate of Insurance

#	Name and Address	Interest	Cert
1			<input type="checkbox"/>
2			<input type="checkbox"/>

Loss Information

Insurance Company	Effective Date	Expiration Date	Premium Paid	Number of Claims	Total \$ Amount of All Claims Paid and in Reserve

Give full details of all claims paid or outstanding _____

Is any insured aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

Has any prior insurance been cancelled or renewal refused? Yes No If yes, explain under Remarks Section. _____

Remarks