

## APPLICATION FOR GENERAL LIABILITY INSURANCE

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. Please do not complete application earlier than 45 days before proposed effective date of coverage.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

### 1. APPLICANT INFORMATION

- a. Full name of applicant: \_\_\_\_\_
- b. Principal business premise address: \_\_\_\_\_  
(Street) (County)
- \_\_\_\_\_
- (City) (State) (Zip)
- c.  Individual  Partnership  Joint Venture  Corporation  Other (specify) \_\_\_\_\_
- e. Type of Coverage Desired:  Claims Made  Occurrence

### 2. APPLICANT FACILITIES

- a. Please complete the following for each of your facilities:

	<u>Location Number</u>	<u>Name and Location Address</u>	<u>Description of Type of Facility</u>	<u>Parking Lot or Garage Maintained by Insured?</u>	<u>Adjacent Exposure?</u>	<u>Square Footage</u>
(i)	_____	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____
	_____	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____
	_____	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____
(ii)	_____	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____
	_____	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____
	_____	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____

- b. Please complete the following for each location:

- |       |  |       |       |       |
|-------|--|-------|-------|-------|
| (i)   | Year built                                 | _____ | _____ | _____ |
| (ii)  | Year Remodeled                             | _____ | _____ | _____ |
| (iii) | Number of Stories                          | _____ | _____ | _____ |
| (iv)  | Construction: Frame, Brick, Concrete       | _____ | _____ | _____ |
| (v)   | Percentage of Building Occupied by Insured | _____ | _____ | _____ |
| (vi)  | Other Occupancy                            | _____ | _____ | _____ |
| (vii) | Location Number                            | _____ | _____ | _____ |

- c. Is the Building Equipped with:

- |       |   |         |        |
|-------|---|---------|--------|
| (i)   | Complete Sprinkler System?.....                                       | [ ] Yes | [ ] No |
| (ii)  | At Least Two Clearly Marked Exits at Each Floor? .....                | [ ] Yes | [ ] No |
| (iii) | Self-Closing Fire Doors on Each Floor? .....                          | [ ] Yes | [ ] No |
| (iv)  | Automatic Fire Alarm System Connected to Local Fire Department? ..... | [ ] Yes | [ ] No |
| (v)   | Smoke Detectors? .....  | [ ] Yes | [ ] No |
| (vi)  | Emergency Electrical System? .....                                    | [ ] Yes | [ ] No |
| (vii) | Heat Sensors?.....  | [ ] Yes | [ ] No |

- (viii) Fire Escape(s)? .....[  Yes [  No
- (ix) Posted Emergency Evacuation Procedures? .....[  Yes [  No
- (x) Properly Maintained Fire Extinguishers? .....[  Yes [  No

**3. BUSINESS INFORMATION**

- a. How many years have you been in business? \_\_\_\_\_
- b. Number of full-time staff: \_\_\_\_\_ Part-Time: \_\_\_\_\_
- c. Nature of your business: \_\_\_\_\_
- d. What is your gross sales estimate? \$ \_\_\_\_\_  
 What is your total payroll? \$ \_\_\_\_\_
- e. How many units sold? \_\_\_\_\_  
 How many clients? \_\_\_\_\_

**4. APPLICANT OPERATIONS**

- a. Are you a subsidiary of another entity or do you have any subsidiaries? .....[  Yes [  No
- b. Is a formal written safety program in place? .....[  Yes [  No  
 (If Yes, please attach a copy of the safety program.)
- c. Are written procedures in effect for incident reporting? .....[  Yes [  No
- d. Any exposure to flammables, explosive, chemicals? .....[  Yes [  No
- e. Any catastrophe exposure? .....[  Yes [  No
- f. Any medical facilities provided or doctors employed/contracted? .....[  Yes [  No
- g. Any exposure to radioactive materials? .....[  Yes [  No
- h. Do operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? .....[  Yes [  No
- i. Any operations sold, acquired, or discontinued in last five years? .....[  Yes [  No
- j. Machinery or equipment loaned or rented to others? .....[  Yes [  No
- k. Are there any elevators or escalators owned by you? .....[  Yes [  No  
 If Yes, please indicate model and if the elevator and/or escalator is serviced by you under a maintenance contract. \_\_\_\_\_
- l. Any watercraft, docks, or floats owned, hired or leased? .....[  Yes [  No
- m. Any parking facilities owned/rented? .....[  Yes [  No
- n. Recreation facilities provided? .....[  Yes [  No
- o. Is there a swimming pool on the premises? .....[  Yes [  No
- p. Sporting or social events sponsored? .....[  Yes [  No

**5. CONTRACTORS INFORMATION**

- a. Do you draw plans, designs or specifications? .....[  Yes [  No
- b. Do any operations include blasting or do you utilize or store explosive material? .....[  Yes [  No
- c. Do any operations include excavation, tunneling, underground work or earth moving? .....[  Yes [  No
- d. Do subcontractors carry coverages or limits less than yours? .....[  Yes [  No
- e. Are certificates of insurance required from subcontractors? .....[  Yes [  No
- f. Do you lease equipment to others with or without operators? .....[  Yes [  No

**6. APPLICANT HISTORY**

a. Please list prior general liability insurance carried for each of the past three years. If none, state "NONE".

Insurance Carrier	Policy Number	Limits Liability	Deductible (if any)	Premium	Inception (MM/DD/YY)	Expiration (MM/DD/YY)	Was this Claims Made?
_____	_____	_____	_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	_____	_____	_____	[ ] Yes [ ] No

**5 Year Loss History (attach further sheets if needed)  
(10 Years for Claims \$100,000 and Greater)**

Date of Occurrence	Date Claim Made	Description of Loss	Amount of Loss Reserved	Amount of Expenses Paid	Amount of Loss Reserved	Amount of Expenses Reserved	Open (O) or Closed (C)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- c. (i) Is any claim above subject to a deductible or self-insured retention?.....[ ] Yes [ ] No
- (ii) If Yes, are the amounts shown above inclusive or exclusive of the deductible or self-insured retention? \_\_\_\_\_
- (iii) If inclusive, the amount of the deductible or self-insured retention is \$ \_\_\_\_\_
- d. Are you aware of any circumstances which may result in a general liability claim or suit being made or brought against you?.....[ ] Yes [ ] No  
If Yes, please attach an explanation.

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY. If policy is issued on a "CLAIMS MADE" basis, it provides coverage only for THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an occurrence basis, the policy provides coverage only for THOSE OCCURRENCES WHICH TAKE PLACE DURING THE POLICY PERIOD.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.