



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

|                        |                          |                                    |                 |                            |              |
|------------------------|--------------------------|------------------------------------|-----------------|----------------------------|--------------|
| AGENCY                 | PHONE<br>(A/C, No, Ext): | APPLICANT<br>(First Named Insured) |                 |                            |              |
|                        | FAX<br>(A/C, No):        | EFFECTIVE DATE                     | EXPIRATION DATE | DIRECT BILL<br>AGENCY BILL | PAYMENT PLAN |
| CODE:                  | SUB CODE:                | FOR<br>COMPANY<br>USE ONLY         |                 |                            |              |
| AGENCY<br>CUSTOMER ID: |                          |                                    |                 |                            |              |

**COVERAGES****LIMITS**

|   |                                   |   |    |                     |
|---|-----------------------------------|---|----|---------------------|
| <input type="checkbox"/>  | COMMERCIAL GENERAL LIABILITY      | GENERAL AGGREGATE                           | \$ | PREMIUMS            |
| <input type="checkbox"/>  | CLAIMS MADE                       | PRODUCTS & COMPLETED OPERATIONS AGGREGATE   | \$ | PREMISES/OPERATIONS |
| <input type="checkbox"/>  | OCCURRENCE                        | PERSONAL & ADVERTISING INJURY               | \$ | PRODUCTS            |
| <input type="checkbox"/>  | OWNER'S & CONTRACTOR'S PROTECTIVE | EACH OCCURRENCE                             | \$ |                     |
| <b>DEDUCTIBLES</b>  |                                   | DAMAGE TO RENTED PREMISES (each occurrence) | \$ | OTHER               |
| <input type="checkbox"/>  | PROPERTY DAMAGE                   | MEDICAL EXPENSE (Any one person)            | \$ |                     |
| <input type="checkbox"/>  | BODILY INJURY                     | EMPLOYEE BENEFITS                           | \$ |                     |
| <input type="checkbox"/>  | \$                                |   |    | TOTAL               |
| OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) |                                   |   |    |                     |

**SCHEDULE OF HAZARDS**

| LOC # | HAZ # | CLASSIFICATION | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE     |          | PREMIUM  |          |
|-------|-------|----------------|------------|---------------|----------|------|----------|----------|----------|----------|
|       |       |                |            |               |          |      | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
|       |       |                |            |               |          |      |          |          |          |          |
|       |       |                |            |               |          |      |          |          |          |          |
|       |       |                |            |               |          |      |          |          |          |          |
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|       |       |                |            |               |          |      |          |          |          |          |

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)****EMPLOYEE BENEFITS LIABILITY**

|  |        |  |
|--|--------|--|
| 1. PROPOSED RETROACTIVE DATE:  |        | 1. DEDUCTIBLE PER CLAIM: \$                                |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:  |        | 2. NUMBER OF EMPLOYEES:                                    |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | YES NO | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?  |        | 4. RETROACTIVE DATE:                                       |
| REMARKS  |        | REMARKS  |

**CONTRACTORS**

| EXPLAIN ALL "YES" RESPONSES (For past or present operations)                          |                             | YES                      | NO | EXPLAIN ALL "YES" RESPONSES (For past or present operations)                                 |                    | YES | NO |
|---|-----------------------------|--------------------------|----|--|--------------------|-----|----|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?                  |                             |                          |    | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?                         |                    |     |    |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?         |                             |                          |    | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? |                    |     |    |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? |                             |                          |    | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?                       |                    |     |    |
| REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED                                       | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: |    | # FULL-TIME STAFF:   | # PART-TIME STAFF: |     |    |

**PRODUCTS/COMPLETED OPERATIONS**

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

| EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)              |  | YES | NO | EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) |  | YES | NO |
|---|--|-----|----|--|--|-----|----|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?                             |  |     |    | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?                               |  |     |    |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) |  |     |    | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?           |  |     |    |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?                          |  |     |    | 8. PRODUCTS UNDER LABEL OF OTHERS?   |  |     |    |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?                                    |  |     |    | 9. VENDORS COVERAGE REQUIRED?  |  |     |    |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?   |  |     |    | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?                   |  |     |    |
| PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC                              |  |     |    |  |  |     |    |

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

| INTEREST           | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |           |
|--------------------|-------|------------------|--------------|----------------------|-------------------------|-----------|
| ADDITIONAL INSURED |       |                  |              |                      | LOCATION:               | BUILDING: |
| LOSS PAYEE         |       |                  |              |                      | VEHICLE:                | BOAT:     |
| MORTGAGEE          |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |           |
| LIENHOLDER         |       |                  |              |                      | OTHER                   |           |
| EMPLOYEE AS LESSOR |       |                  |              |                      |                         |           |
| ITEM DESCRIPTION:  |       |                  |              |                      |                         |           |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)  |  | YES | NO | EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   |  | YES | NO |
|---|--|-----|----|--|--|-----|----|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?   |  |     |    | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   |  |     |    |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?   |  |     |    | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  |  |     |    |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)  |  |     |    | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?   |  |     |    |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?  |  |     |    | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   |  |     |    |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?   |  |     |    | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  |  |     |    |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?  |  |     |    | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?  |  |     |    |
| 7. ANY PARKING FACILITIES OWNED/RENTED?   |  |     |    | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?                           |  |     |    |
| 8. IS A FEE CHARGED FOR PARKING?  |  |     |    | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?   |  |     |    |
| 9. RECREATION FACILITIES PROVIDED?  |  |     |    | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? |  |     |    |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES?   |  |     |    |  |  |     |    |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED?  |  |     |    |  |  |     |    |
| REMARKS   |  |     |    |  |  |     |    |
| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied). |  |     |    |  |  |     |    |