

# General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant.

**LIMITS OF LIABILITY REQUESTED**

**PREMIUMS**

General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

**APPLICANT/PREMISES/OPERATIONS INFORMATION**

**1. Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Premises information (attach schedule if necessary):**

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

**3. Applicant is:**     Individual     Corporation     Partnership     Joint Venture     Limited Liability Company  
                           Nonprofit     Other (Specify): \_\_\_\_\_

**4. Inspection/Audit:**

Inspection (contact and phone): \_\_\_\_\_

Accounting records (contact and phone): \_\_\_\_\_

**5. Management:** Number of years in operation: \_\_\_\_\_ If new operation, number of years related experience: \_\_\_\_\_

**6. Total number of employees:** \_\_\_\_\_

**GENERAL INFORMATION (Explain all "yes" responses.)**

	Yes	No		Yes	No
1. Exposure to flammables, explosives, chemicals?	θ	θ	11. Any parking facilities owned/rented?	θ	θ
2. Exposure to asbestos?	θ	θ	12. Fee charged for parking?	θ	θ
3. Exposure to radioactive materials?	θ	θ	13. Does applicant have Workers' Compensation coverage in force?	θ	θ
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	θ	θ	14. Does insured subcontract work?	θ	θ
5. Sporting/social events sponsored?	θ	θ	15. Certificates of insurance required from all subcontractors?	θ	θ
6. Any watercraft, docks, floats owned, hired, or leased?	θ	θ	16. Does the applicant lease employees?	θ	θ
7. Any operations sold, acquired, or discontinued in last five years?	θ	θ	17. Any demolition exposure contemplated?	θ	θ
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	θ	θ	18. Any structural alterations contemplated?	θ	θ
9. Machinery/equipment loaned/rented to others?	θ	θ	19. Recreational facilities provided?	θ	θ
10. Swimming pool on premises?	θ	θ	20. Any policy or coverage declined, cancelled or nonrenewed during last three years? (not applicable in Missouri)	θ	θ
			If yes, please explain _____		
			_____		
			_____		

**PRIOR CARRIER INFORMATION**

	Year:	Year:	Year:	Year:	Year:
<b>Carrier</b>					
<b>Policy No.</b>					
<b>Total Premium</b>					

**LOSS HISTORY—FIVE YEAR PERIOD**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**ADDITIONAL INSURED INFORMATION**

Name	Address

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF 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.

**FRAUD WARNING**

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

**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.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE