

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	(313)776-4547		APPLICANT    Ralph (First Named Insured)				
	FAX (A/C, No):	(232)009-7654						
James Boseman, LLC 500 Bill Street Novi, MI 48977				EFFECTIVE DATE 08/17/2020	EXPIRATION DATE 08/17/2021	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN Monthly	AUDIT S
CODE: 23345      SUB CODE: 543				FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID: 6388								

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$	15,000	PREMIUMS	
<input type="checkbox"/>	<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	4,000	PREMISES/OPERATIONS
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE			PERSONAL & ADVERTISING INJURY	\$	3,000	500	
<input type="checkbox"/>				EACH OCCURRENCE	\$	20,000	PRODUCTS	
DEDUCTIBLES				DAMAGE TO RENTED PREMISES (each occurrence)	\$	7,000	400	
<input type="checkbox"/>	PROPERTY DAMAGE	\$	<input type="checkbox"/>	PER CLAIM	MEDICAL EXPENSE (Any one person)	\$	5,000	OTHER
<input checked="" type="checkbox"/>	BODILY INJURY	\$ 400	<input type="checkbox"/>	PER CLAIM	EMPLOYEE BENEFITS	\$	4,000	500
<input type="checkbox"/>		\$	<input checked="" type="checkbox"/>	PER OCCURRENCE				TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)								1,400

## SCHEDULE OF HAZARDS

[illegible]

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES		Y / N
1. PROPOSED RETROACTIVE DATE: 09/08/2020		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE 08/09/2020		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		<input type="checkbox"/> N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		<input type="checkbox"/> N

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ 500		3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 4	
2. NUMBER OF EMPLOYEES: 12		4. RETROACTIVE DATE: 10/02/2020	

Clear All

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED Building Improvements	\$ 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	
Formal Wear	1,000,000	500	1 Year	2 Years	Wearing	Fabric	
EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							N

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**
☐ **ACORD 45 attached for additional names**

INTEREST	RANK: 1	NAME AND ADDRESS	REFERENCE #: 7	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED		Bob McGary 223 North Stamford Rd Newark, NJ 35549			LOCATION: 1	BUILDING: 1
<input type="checkbox"/> LOSS PAYEE					VEHICLE: 1	BOAT: 2
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER: 44	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		<input type="text" value="N"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		<input type="text" value="N"/>
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)		<input type="text" value="N"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		<input type="text" value="N"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		<input type="text" value="N"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		<input type="text" value="N"/>
7. ANY PARKING FACILITIES OWNED/RENTED?		<input type="text" value="N"/>
8. IS A FEE CHARGED FOR PARKING?		<input type="text" value="N"/>
9. RECREATION FACILITIES PROVIDED?		<input type="text" value="N"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?		<input type="text" value="N"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?		<input type="text" value="N"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		<input type="text" value="N"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		<input type="text" value="N"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		<input type="text" value="N"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		<input type="text" value="N"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		<input type="text" value="N"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input checked="" type="checkbox"/> N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input checked="" type="checkbox"/> N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input checked="" type="checkbox"/> N
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input checked="" type="checkbox"/> N

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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).  
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.