



AGENCYCUSTOMERID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY Rick P Cline Agency Inc, dba All Access Insurance, LLC (Commercial Insurance Direct, LLC)		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT FIRST NAME INSURED	

IMPORTANT If **CLAIMS MADE** is checked in the **COVERAGE/ LIMITS** section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS PREMISES/OPERATIONS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		
OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PRODUCTS	
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY \$ 1,000,000	OTHER	
<input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	EACH OCCURRENCE \$ 1,000,000		
<input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$	TOTAL	
	MEDICAL EXPENSE (Any one person) \$		
	EMPLOYEE BENEFITS \$		
	\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS: For hired/non-owned auto coverage attach the applicable table at Business Auto Section ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM/ UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211 Schedule of Hazards may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/ OPS	PRODUCTS	PREM/ OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/ OPS	PRODUCTS	PREM/ OPS	PRODUCTS
	2								
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/ OPS	PRODUCTS	PREM/ OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/ OPS	PRODUCTS	PREM/ OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQFT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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CONTRACTORS

AGENCYCUSTOMERID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
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 all past or present products or operations) 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)							
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 INSURED?							N

ADDITIONALINTEREST/CERTIFICATE RECIPIENT

ACORD45attachedforadditionalnames

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION: _____
<input type="checkbox"/> EMPLOYEE AS LESSOR			BUILDING: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE			ITEM CLASS: _____
<input type="checkbox"/> LIENHOLDER			ITEM DESCRIPTION
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE	REFERENCE/ LOAN #: _____		

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?			N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			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)			N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N
EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTIONS GIVEN (Y/N)	
	SMALL TOOLS	LARGE EQUIPMENT	
	SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N
7. ANY PARKING FACILITIES OWNED/RENTED?			N
8. IS A FEE CHARGED FOR PARKING?			N
9. RECREATION FACILITIES PROVIDED?			N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N
#APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE
<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD	
12. ARE SOCIAL EVENTS SPONSORED?			N
13. ARE ATHLETIC TEAMS SPONSORED?			N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		<input type="checkbox"/> 13-18	
		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18
EXTENT OF SPONSORSHIP:			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

GENERAL INFORMATION (continued)**AGENCY CUSTOMER ID:**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

REMARKS (ACORD 101 Additional Remarks Schedule may be attached if more space is required)**SIGNATURE**

Applicable AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable FL and OK: 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) **Applies in FL Only.

Applicable KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act.

Applicable KY, NY, OH and PA: 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation) **Applies in NY Only.

Applicable ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may) include imprisonment, fines and denial of insurance benefits *Applies in ME Only.

Applicable NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing false statements as to any material fact may be violating state law.

Applicable PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
	RICK CLINE		
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER	