



**AGENCY CUSTOMER ID:**

# **COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

## **COVERAGES**

## LIMITS

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

**OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS** (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

## SCHEDULE OF HAZARDS

## RATING AND PREMIUM BASIS

(P) PAYROLL - PER \$1,000/PAY

(C) TOTAL COST - PER \$1,000/COST

(U) UNIT - PER UNIT

**(S) GROSS SALES - PER \$1,000/SALES**

(A) AREA - PER 1,000/SQ FT

(M) ADMISSIONS - PER 1,000/ADM

(T) OTHER

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

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

## **EMPLOYEE BENEFITS LIABILITY**

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

**CONTRACTORS**

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:
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**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?
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?
8. PRODUCTS UNDER LABEL OF OTHERS?
9. VENDORS COVERAGE REQUIRED?
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

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

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____  REFERENCE / LOAN #: _____	EVIDENCE: _____	CERTIFICATE: _____	INTEREST IN ITEM NUMBER  LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ 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="checkbox"/>
2.	ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
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="checkbox"/>
4.	ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5.	MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6.	ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7.	ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8.	IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9.	RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10.	IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11.	SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12.	ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13.	ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14.	HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

Y / N

16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? **REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.