

Commercial General Liability Application

Occurrence Form

National Fire & Marine Insurance Company
National Indemnity Company of the South



Allen Financial Insurance Group

Proposed Policy Effective Date: _____ Expiration: _____

1. Name of applicant: _____
2. Applicant type: Individual Partnership Corporation LLC Other, describe: _____
3. Mailing address: _____
4. Website: _____
5. Contact information for premium audits and inspections (name & phone): _____
6. Describe all operations in detail:

7. Do you operate under any other names? Yes No
If yes, provide names and details: _____
8. Do you have any operations, exposures or ventures, active or inactive, not listed on this application? Yes No
a. If yes, provide details, including entity name(s) if applicable: _____

b. Do all entities carry General Liability insurance? Yes No If yes, name of insurer(s): _____
9. Length of time in business: _____ Years of experience: _____
10. Requested Limits and Deductibles

Limits	
Each Occurrence	\$
Damage to Premises Rented to You (any one premises)	\$
Medical Expense (any one person)	\$
Personal & Advertising Injury (any one person or organization)	\$
General Aggregate	\$
Products-Completed Operations Aggregate	\$

Deductibles per Claim	
Bodily Injury	\$
Property Damage	\$

11. Schedule of Hazards

Class Code	Classification Description	Premium Basis/Exposure		State & Territory
		(s) Gross Sales (c) Total Cost (Labor & Materials) (m) Admissions	(a) Area (p) Payroll (u) Units	

12. Premises Schedule

Address	Interest	Year Built	Area (sq. feet)	% Occupied	Usage
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				

13. Account Summary

Policy Period	Receipts/Revenue	Payroll	Subcontracted Labor Cost	Subcontracted Material Cost
Next year				
Last Year				
2 nd prior year				
3 rd prior year				

14. How many owners, partners and officers? _____ How many employees other than owners, partners and officers? _____

15. Owners, Partners and Corporate Officers

Name	Title & Duties	Payroll

16. Do you utilize any of the following in your operations?

- Subcontractors Uninsured Subcontractors Casual Labor Volunteer Workers Leased Employees

17. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:

General Liability Insurance Yes No If yes, what limits of liability? \$ _____ / _____ / _____
Occurrence / Aggregate / Products
 Workers Compensation Yes No

b. Additional Insured Endorsement naming applicant as Additional Insured Yes No

18. Do you require all subcontractors to hold your operation harmless by written agreement? Yes No

19. Do you hire and compensate all independent subcontractors working at your direction? Yes No

If no, explain: _____

20. Do you carry Workers Compensation Insurance? Yes No If yes, name of insurer: _____

21. Do you provide consulting services for other entities? Yes No

If yes, explain: _____

22. Do you lease equipment to others? Yes No

If yes, explain: _____

23. Do you perform or supervise any blasting? Yes No

24. Do you anticipate any demolition work? Yes No

25. Do you have any exposure to radioactive or nuclear materials? Yes No

26. Products Sold, Designed, Manufactured or Marketed

Product	Annual		Time in Market	Expected Life	Intended Use	Principal Components
	Sales	Units Sold				

For products sold or distributed, attach any literature, brochures, labels, warnings, etc.

- a. Do you install, service or repair any products? Yes No
- b. Do you sell or distribute products that are manufactured in foreign countries or territories? Yes No
- c. Do you sell or distribute products to foreign countries or territories? Yes No
- d. Are any new products being planned or developed? Yes No
- e. Are products related to the aerospace industry? Yes No
- f. Are products of others sold or re-packaged under the applicant's label? Yes No
- g. Have any products been recalled, discontinued or changed? Yes No
- h. Are products labeled with a different name than your company name? Yes No
- i. Is vendor's coverage required? Yes No
- j. Do you sell products online? Yes No (if yes, provide percentage sold online below)

Explain any "Yes" answers to the above questions:

27. Insurance & Loss History

Insurance Carrier	Effective Date	Expiration Date	Premium	Number of Claims	Total Amount Paid and Reserved

Attach loss runs for the past five years.

- a. Give full details of all claims paid or outstanding: _____

- b. Do you know of any facts, past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No
 If yes, provide details: _____

c. Has any prior insurance been cancelled or renewal refused? Yes No

If yes, explain: _____

28. Remarks/Additional Information

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

The Applicant agrees that any inspection of equipment, premises, operations or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

Witness

Applicant's Signature

Date