



## GENERAL LIABILITY APPLICATION

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY INSURED.**

Named Insured \_\_\_\_\_  
(The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes – refer to policy wording.)

Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

Applicant is:     Individual     Partnership     Corporation     LLC  
                        Trust             Other (specify) \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

Location of premises:	<input type="checkbox"/> Same as mailing address	<b>Occupancy</b>	<b>Own</b>	<b>Lease</b>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>

(List any additional on separate page)

DESCRIPTION OF OPERATIONS	
Years in business _____	Years of experience in this field _____

PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE YEARS					
Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses <small>(Use separate sheet if necessary)</small>
Missouri Applicants: <b>DO NOT</b> answer this question.					
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?					
<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, give name of company, date, and reason. _____					

GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1.	Any operations sold, acquired, or discontinued in last 5 years?			5.	Are parking facilities in common areas free from defects and adequately lighted?		
2.	Any exposure to flammables, explosives, chemicals?			6.	Participation in trade shows, exhibits or conventions?		
3.	Machinery or equipment loaned or rented to others?			7.	Recreation facilities or equipment provided?		
4.	Do operations involve storing, treating, discharging, applying, disposing, or transporting of chemicals (e.g. fertilizer, LPG, gasoline, etc.)			8.	Sporting or social events sponsored?		
				9.	Is there a swimming pool or other water exposures on the premises?		
				10.	Any watercraft, docks, floats owned, hired, or leased?		

<b>REMARKS:</b>

**SUBCONTRACTED WORK**

**EXPLAIN ALL "YES" RESPONSES**

Do you subcontract work to others?

YES	NO

a. Type of work \_\_\_\_\_

b. Cost of subcontractor's/contract labor: \$ \_\_\_\_\_

c. Are subcontractors required to carry insurance? If yes, indicate coverages and limits:

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1. Comprehensive General Liability with Contractual \_\_\_\_\_

2. Are you named as an additional insured?

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d. Are certificates of insurance required from subcontractors?

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e. Estimated number of subcontracted jobs in past 12 months? \_\_\_\_\_

**REMARKS:**

**PRODUCTS-COMPLETED OPERATIONS**

PRODUCTS	ANNUAL SALES RECEIPTS	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

**EXPLAIN ALL "YES" RESPONSES**

YES NO

**EXPLAIN ALL "YES" RESPONSES**

YES NO

1.	Does applicant install, service or demonstrate products?			4.	Products recalled, discontinued, changed?		
2.	Foreign products sold, distributed, used as components?			5.	Products of others sold or re-packaged under applicant label?		
3.	Guarantees, warranties, hold harmless agreements?			6.	Products under label of others?		
				7.	Vendors coverage required?		

**PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.**

**REMARKS:**

**CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)**

DESCRIBE ALL CONTRACTS AND/OR HOLD HARMLESS AGREEMENTS, WHETHER WRITTEN OR ORAL (dates, contracting parties, cost)

**CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

	NAME & ADDRESS	INTEREST	ADD'L INSURED
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>

**COVERAGES/LIMITS**

- |   |          |   |
|---|----------|---|
| <input type="checkbox"/> Premises Operations              | \$ _____ | General Aggregate                       |
| <input type="checkbox"/> Products-Completed Operations    | \$ _____ | Products/Completed Operations Aggregate |
| <input type="checkbox"/> Personal and Advertising Injury  | \$ _____ | Personal and Advertising Injury         |
| <input type="checkbox"/> Contractual Liability            | \$ _____ | Each Occurrence                         |
| <input type="checkbox"/> Damage to Premises Rented to You | \$ _____ | Damage to Premises Rented to You        |
| <input type="checkbox"/> Medical Payments                 | \$ _____ | Medical Payments                        |

Annual payroll \_\_\_\_\_ Gross sales \_\_\_\_\_  
 # of employees \_\_\_\_\_ # of owners \_\_\_\_\_

**Each location must have a classification with a premium basis listed below.**

**SCHEDULE OF HAZARDS**

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM		
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit				

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Producer to complete:**

**RISK INFORMATION**

Do you know the applicant?  Yes  No If Yes, how long? \_\_\_\_\_

Do you have other insurance with the insured?  Yes  No If Yes, how many years? \_\_\_\_\_

Types: \_\_\_\_\_

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name and Address