

GENERAL LIABILITY SECTION				DATE	
PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			<input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT		
FOR COMPANY USE ONLY					

COVERAGE LIMITS					
<input type="checkbox"/> COMPREHENSIVE GENERAL LIABILITY <input type="checkbox"/> OWNERS, LANDLORDS & TENANTS <input type="checkbox"/> MANUFACTURER'S & CONTRACTORS <input type="checkbox"/> STOREKEEPERS LIABILITY <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS	LIMITS OF LIABILITY			PREMIUM	
	COVERAGE	EACH OCCURR.	AGGREGATE		
	BODILY INJURY	\$.000	\$.000		
	PROPERTY DAMAGE	\$.000	\$.000		
	COMBINED SINGLE LIMIT	\$.000	\$.000		
OPTIONS					
<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INCLUDE EXCLUDE COMPLETED OPS. <input type="checkbox"/> BROAD FORM CGL ENDORSEMENT <input type="checkbox"/> INCLUDE <input type="checkbox"/> X <input type="checkbox"/> XC <input type="checkbox"/> U <input type="checkbox"/> FIRE LEGAL LIABILITY (Give Locations & Limits) <input type="checkbox"/> ELEVATOR COLLISION <input type="checkbox"/> NON-OWNED AUTO (Give Territories & Employees) <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;"> P.D. DEDUCT. <input type="checkbox"/> PER CLAIM \$ <input type="checkbox"/> PER OCCURR. </div>	PREMISES MEDICAL	EACH PERSON \$	EACH ACCIDENT \$.000		
	PERSONAL INJURY <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	AGGREGATE			
	PARTICIPATION %: <input type="checkbox"/> DELETE EXCLUSION C	\$.000			
	OTHER COVERAGES AND/OR ENDORSEMENTS				
				TOTAL	
			\$		

SCHEDULE OF HAZARDS								
LOC #	DESCRIPTION	CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					B.I.	P.D.	B.I.	P.D.
	PREMISES/OPERATIONS		(a) Area (f) Frontage (p) Payroll (m) Admissions (r) Receipts (t) Other		(a) per 100 sq. ft. (f) per linear ft. (p) per \$100 pay. (m) per 100 adm. (r) per \$100 rec. (t) per unit			
	ESCALATORS		Landings		per landing			
	INDEPENDENT CONTRACTORS		Cost		per \$100			
	CONTRACTUAL		Number Cost		per contract per \$100			
	PRODUCTS/COMPLETED OPERATIONS		Receipts		per \$1,000			

ATTACH TO APPLICANT INFORMATION SECTION

CONTRACTORS

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Does applicant draw plans, designs, specifications?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are certificates of insurance required from sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does applicant lease equipment to other with or without operators?	<input type="checkbox"/>	<input type="checkbox"/>
4	Full time staff:		
5	Part time staff:		
6	% work sub-contracted:		

DESCRIBE THE TYPE OF WORK SUB-CONTRACTED AND INCLUDE
A DESCRIPTION OF THE OPERATIONS OF XCU IF REQUIRED.

CONTRACTUAL LIABILITY

DESCRIBE ALL HOLD HARMLESS AGREEMENTS (Dates, Contracting Party, Cost)

COPIES ATTACHED

PRODUCTS/COMPLETED OPERATIONS

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

#	EXPLAIN ALL "YES" RESPONSES	Yes	No	#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Does applicant install, service, or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>	6	Products recalled, discontinued, changed?	<input type="checkbox"/>	<input type="checkbox"/>
2	Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	7	Products of others sold or re-packaged under applicant label?	<input type="checkbox"/>	<input type="checkbox"/>
3	Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
4	Guarantees, Warranties, Hold Harmless Agreements?	<input type="checkbox"/>	<input type="checkbox"/>	8	Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
5	Products related to aircraft/space industry?	<input type="checkbox"/>	<input type="checkbox"/>	9	Vendora coverage required?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach literature, brochures, labels, warnings, etc.

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

#	NAME AND ADDRESS (Include loan # for mortgages)	INTEREST	CERT.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No	#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Any advertising signs away from premises?	<input type="checkbox"/>	<input type="checkbox"/>	7	Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any medical facilities provided or doctors employed/contracted?	<input type="checkbox"/>	<input type="checkbox"/>	8	Participation in trade shows, exhibits, conventions?	<input type="checkbox"/>	<input type="checkbox"/>
3	Equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	9	Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>	10	Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any boats, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>	11	Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
6	Operations involve discharge of fumes, acids, wastes?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

I hereby warrant the truth of the above statement, and I declare that I have not withheld any information whatever which tend in any way to influence the acceptance of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void.

Signature of Applicant

Date

Signature of Authorized Representative

ATTACH TO APPLICANT INFORMATION SECTION