



**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: Same as mailing address
Occupancy Own Lease

(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 (Use separate sheet if necessary)
Missouri Applicants: DO NOT 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?		
REMARKS:							

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:
 - 1. Comprehensive General Liability with Contractual _____
 - 2. Are you named as an additional insured?
- d. Are certificates of insurance required from subcontractors?
- 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"/>

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