



GENERAL LIABILITY SECTION

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY				

COVERAGES/LIMITS

COMPREHENSIVE GENERAL LIABILITY OWNERS, LANDLORDS & TENANTS MANUFACTURER'S & CONTRACTOR'S STOREKEEPERS LIABILITY OWNER'S & CONTRACTOR'S PROTECTIVE CONTRACTUAL <input type="checkbox"/> BLANKET <input type="checkbox"/> DESIGNATED PRODUCTS/COMPLETED OPERATIONS	LIMITS OF LIABILITY			PREMIUM
	COVERAGE	EACH OCCURR	AGGREGATE	
BODILY INJURY	\$	\$	\$	
PROPERTY DAMAGE	\$	\$	\$	
COMBINED SINGLE LIMIT	\$	\$	\$	
OPTIONS		EACH PERSON	EACH ACCIDENT	PREMIUM
BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INCLUDE <input type="checkbox"/> EXCLUDE COMPLETED OPERATIONS	PREMISES MEDICAL	\$	\$	
BROAD FORM CGL ENDORSEMENT INCLUDE <input type="checkbox"/> X <input type="checkbox"/> XC <input type="checkbox"/> U	PERSONAL INJURY <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	AGGREGATE		
FIRE LEGAL LIABILITY (Give locations & limits)	PARTICIPATION %:	\$		
ELEVATOR COLLISION	DELETE EXCLUSION C	\$		
NON-OWNED AUTO (Give territories & employees)	OTHER COVERAGES AND/OR ENDORSEMENTS	\$		
P.D. DEDUCT \$	PER CLAIM	TOTAL		
	PER OCCURR	\$		

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					B.I.	P.D.	B.I.	P.D.
	PREMISES/OPERATIONS							

RATING AND PREMIUM BASIS(A) AREA - PER 100/SQ FT
(M) ADMISSIONS - PER 100/ADM(F) FRONTAGE - PER LINEAR FT
(R) RECEIPTS - PER \$100/REC(P) PAYROLL - PER \$100/PAY
(T) OTHER - 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			

CONTRACTORS									
EXPLAIN ALL "YES" RESPONSES (For past or present operations)			YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)			YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?					4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?				
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED			% OF WORK SUBCONTRACTED:		# FULL TIME STAFF:		# PART TIME STAFF:		

CONTRACTUAL LIABILITY	
DESCRIBE ALL HOLD HARMLESS AGREEMENTS (Dates, Contracting Party, Cost)	<input type="checkbox"/> COPIES ATTACHED

PRODUCTS/COMPLETED OPERATIONS						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)			YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)			YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?				
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?					7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?				
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					8. PRODUCTS UNDER LABEL OF OTHERS?				
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					9. VENDORS COVERAGE REQUIRED?				
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?				

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

GENERAL INFORMATION									
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?					9. RECREATION FACILITIES PROVIDED?				
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?					10. IS THERE A SWIMMING POOL ON THE PREMISES?				
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)					11. SPORTING OR SOCIAL EVENTS SPONSORED?				
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?					12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?					13. ANY DEMOLITION EXPOSURE CONTEMPLATED?				
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?					14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
7. ANY PARKING FACILITIES OWNED/RENTED?					15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
8. IS A FEE CHARGED FOR PARKING?					16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
REMARKS					17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				