

BINDER #
BROKERING AGENT'S REGISTER NUMBER #

**GL-A1 (09-09)
GENERAL LIABILITY
APPLICATION**

IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND, ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING ELECTRONIC OR FACSIMILE APPROVAL FROM THE INSURER.

PRINT BROKERING AGENT'S NAME & EMAIL ADDRESS:		BROKERING AGENT'S CODE NO.	BROKERING AGENT'S 2-20 LICENSE #
ADDRESS	CITY	STATE	ZIP
POLICY PERIOD FROM			TO
			TERM

APPLICANT INFORMATION:

NAME (First Name Insured & Other Named Insured)	MAILING ADDRESS
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/> NOT FOR PROFIT YEAR IN BUSINESS _____	
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LIMITED CORPORATION FEIN NO _____	
INSPECTION CONTACT	PHONE
ACCOUNTING RECORDS CONTACT	PHONE

PREMISES INFORMATION:	BUSINESS DESCRIPTION
LOC #	STREET, CITY, COUNTRY, STATE, ZIP CODE

RATING AND PREMIUM BASIS \$1,000/COST _____	(P) PAYROLL - PER \$1,000/PAY _____	(C) TOTAL COST - PER _____
(S) GROSS SALES - PER \$1,000/SALES _____	(A) AREA - PER \$1,000/SQ FT _____	(T) OTHER _____

LIMITS	ADDITIONAL INTEREST:
GENERAL AGGREGATE \$ _____	NAME AND ADDRESS:
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____	
PERSONAL & ADVERTISING INJURY \$ _____	
EACH OCCURRENCE \$ _____	
DAMAGE TO RENTED PREMISES (each occurrence) \$ _____	
MEDICAL EXPENSE (Any one person) _____	TYPE OF INTEREST

GENERAL INFORMATION - EXPLAIN YES RESPONSES IN SEPARATE PAPER

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>	10. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONAL EMPLOYED OR CONTRACTED?	<input type="checkbox"/>	<input type="checkbox"/>	11. ANY OPERATION SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>	<input type="checkbox"/>	12. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVING STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?	<input type="checkbox"/>	<input type="checkbox"/>	13. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASES?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 5 YEAR?	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>	15. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>	<input type="checkbox"/>
8. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>	<input type="checkbox"/>	16. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>

PREMIUM \$ _____ + POLICY FEE \$ _____ + FHCF \$ _____ = TOTAL PREMIUM \$ _____

