

GENERAL LIABILITY APPLICATION

1. ASSURED _____ DBA _____

2. MAILING ADDRESS _____
CITY/STATE/ZIP _____

3. RISK LOCATION ADDRESS _____
CITY/STATE/ZIP _____

4. YEARS IN BUSINESS _____ EXPERIENCE IN THIS TYPE OF BUSINESS _____

5. NATURE OF BUSINESS & FULL DESCRIPTION OF OPERATIONS _____

6. # OF EMPLOYEES _____ ANNUAL PAYROLL _____ SALES _____ AREA _____

7. EFFECTIVE DATE NEEDED: _____

8. PREVIOUS CARRIER _____

9. 5 YEAR LOSS HISTORY _____

10. LIMIT OF LIABILITY REQUIRED _____ OCC / _____ AGG

11. ARE SUBCONTRACTORS USED? YES NO
% OF WORK SUBBED _____
COST OF SUBS _____
TYPE OF WORK DONE BY SUBS _____

12. ADDITIONAL INSURED: _____

RELATIONSHIP TO INSURED: _____

13. DO YOU HAVE ANY OF THE FOLLOWING:
A) DAY CARE _____
B) NURSERY _____
C) SCHOOLS _____
D) CAMPS _____
E) MOTHER'S DAY OUT PROGRAM _____

I ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED.

DATE _____ INSURED'S SIGNATURE _____

INSPECTION CONTACT & PHONE # _____

AGENCY _____
AGENCY CONTACT PERSON _____
ADDRESS _____
PHONE _____ FAX _____ EMAIL _____