

# Commercial General Liability Application

## Occurrence Form

National Fire & Marine Insurance Company  
National Indemnity Company of the South

Proposed Policy Effective Date: \_\_\_\_\_ Expiration: \_\_\_\_\_

1. Name of applicant: \_\_\_\_\_
2. Applicant type:  Individual  Partnership  Corporation  LLC  Other, describe: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_
4. Website: \_\_\_\_\_
5. Contact information for premium audits and inspections (name & phone): \_\_\_\_\_
6. Describe all operations in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you operate under any other names?  Yes  No  
If yes, provide names and details: \_\_\_\_\_
8. Do you have any operations, exposures or ventures, active or inactive, not listed on this application?  Yes  No  
a. If yes, provide details, including entity name(s) if applicable: \_\_\_\_\_  
\_\_\_\_\_  
b. Do all entities carry General Liability insurance?  Yes  No If yes, name of insurer(s): \_\_\_\_\_
9. Length of time in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_
10. Requested Limits and Deductibles

Limits	
Each Occurrence	\$
Damage to Premises Rented to You (any one premises)	\$
Medical Expense (any one person)	\$
Personal & Advertising Injury (any one person or organization)	\$
General Aggregate	\$
Products-Completed Operations Aggregate	\$

Deductibles per Claim	
Bodily Injury	\$
Property Damage	\$

11. Schedule of Hazards

Class Code	Classification Description	Premium Basis/Exposure		State & Territory
		(s) Gross Sales (c) Total Cost (Labor & Materials) (m) Admissions	(a) Area (p) Payroll (u) Units	

12. Premises Schedule

Address	Interest	Year Built	Area (sq. feet)	% Occupied	Usage
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				

13. Account Summary

Policy Period	Receipts/Revenue	Payroll	Subcontracted Labor Cost	Subcontracted Material Cost
Next year				
Last Year				
2 <sup>nd</sup> prior year				
3 <sup>rd</sup> prior year				

14. How many owners, partners and officers? \_\_\_\_\_ How many employees other than owners, partners and officers? \_\_\_\_\_

15. Owners, Partners and Corporate Officers

Name	Title & Duties	Payroll

16. Do you utilize any of the following in your operations?

- Subcontractors  Uninsured Subcontractors  Casual Labor  Volunteer Workers  Leased Employees

17. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:

General Liability Insurance  Yes  No If yes, what limits of liability? \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Occurrence / Aggregate / Products

Workers Compensation  Yes  No

b. Additional Insured Endorsement naming applicant as Additional Insured  Yes  No

18. Do you require all subcontractors to hold your operation harmless by written agreement?  Yes  No

19. Do you hire and compensate all independent subcontractors working at your direction?  Yes  No

If no, explain: \_\_\_\_\_

20. Do you carry Workers Compensation Insurance?  Yes  No If yes, name of insurer: \_\_\_\_\_

21. Do you provide consulting services for other entities?  Yes  No

If yes, explain: \_\_\_\_\_

22. Do you lease equipment to others?  Yes  No

If yes, explain: \_\_\_\_\_

23. Do you perform or supervise any blasting?  Yes  No

24. Do you anticipate any demolition work?  Yes  No

25. Do you have any exposure to radioactive or nuclear materials?  Yes  No

26. Products Sold, Designed, Manufactured or Marketed

Product	Annual		Time in Market	Expected Life	Intended Use	Principal Components
	Sales	Units Sold				

**For products sold or distributed, attach any literature, brochures, labels, warnings, etc.**

- a. Do you install, service or repair any products?  Yes  No
- b. Do you sell or distribute products that are manufactured in foreign countries or territories?  Yes  No
- c. Do you sell or distribute products to foreign countries or territories?  Yes  No
- d. Are any new products being planned or developed?  Yes  No
- e. Are products related to the aerospace industry?  Yes  No
- f. Are products of others sold or re-packaged under the applicant's label?  Yes  No
- g. Have any products been recalled, discontinued or changed?  Yes  No
- h. Are products labeled with a different name than your company name?  Yes  No
- i. Is vendor's coverage required?  Yes  No
- j. Do you sell products online?  Yes  No (if yes, provide percentage sold online below)

Explain any "Yes" answers to the above questions:

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27. Insurance & Loss History

Insurance Carrier	Effective Date	Expiration Date	Premium	Number of Claims	Total Amount Paid and Reserved

**Attach loss runs for the past five years.**

- a. Give full details of all claims paid or outstanding: \_\_\_\_\_  
 \_\_\_\_\_
- b. Do you know of any facts, past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No  
 If yes, provide details: \_\_\_\_\_
- c. Has any prior insurance been cancelled or renewal refused?  Yes  No  
 If yes, explain: \_\_\_\_\_

28. Remarks/Additional Information

Multiple horizontal lines for entering remarks or additional information.

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

The Applicant agrees that any inspection of equipment, premises, operations or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Applicant's Representative's Agent License ID Number \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date