



P. O. Box 30527  
 Phoenix, Arizona 85046  
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**GENERAL LIABILITY APPLICATION**

Quote  BIND  Issue Quoted by:

Applicant:		Producer:		Account No.	
Address:		Address:			
City, State, Zip:		City, State, Zip:			
Business Telephone:		Telephone:		Fax:	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (explain)					
Applicant's Business:					
Location of Premises:					
Proposed Effective Date:		Proposed Expiration Date:		How Long in Business?	
Carrier	Coverage	Premium	Date and Amount of Losses	Cause and Description of Losses	
Has any carrier canceled, declined, or refused any insurance during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in remarks.					
Is there any other insurance on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any special hazards on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COVERAGES			LIMITS		PREMIUMS	
<input type="checkbox"/> Commercial General Liability			General Aggregate	\$	Prem/Operations	\$
<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence			Products & Completed Ops Aggre.	\$	Products	\$
<input type="checkbox"/> Owners' & Contractors' Protective			Personal & Advertising Injury	\$	Other	\$
<b>DEDUCTIBLES</b>			Each Occurrence	\$		\$
<input type="checkbox"/> Property Damage	\$		Fire Damage (Any One Fire)	\$		\$
<input type="checkbox"/> Bodily Injury	\$	<input type="checkbox"/> Per Clm.	Medical Expense (Any One Person)	\$		\$
<input type="checkbox"/> LAE	\$	<input type="checkbox"/> Per Occ.			Total Premium	\$
Other Coverages, Restrictions and/or Endorsements					Policy Fee	\$
					S/L Tax	\$

Loc. No.	Description	Code	Premium Basis	Rate		Premium	
				B. I.	P. D.	B. I.	P. D.
	Premise/Operations		a) Area f) Frontage p) Payroll m) Admissions r) Receipts t) Other	a) Per 100 Sq. Ft. f) Per Linear Ft. p) Per \$100 Pay. m) Per \$100 Ad. r) Per \$100 Rec. t) Per Unit			
	Independent Contractors		Cost	Per \$100			
	Contractual		Number Cost	Per Contract Per \$100			
	Products/Completed Operations		Receipts	Per \$1,000			

GENERAL INFORMATION							
#.	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	Any advertising signs away from premises?			7.	Any parking facilities owned or rented?		
2.	Any medical facilities provided or doctors employed or contracted?			8.	Any participation in trade shows, exhibits, conventions?		
3.	Equipment loaned or rented to others?			9.	Any recreation facilities provided?		
4.	Any exposure to radioactive/nuclear materials?			10.	Any sporting or social events sponsored?		
5.	Any boats, docks, floats owned, hired or leased?			11.	Any structural alterations contemplated?		
6.	Any operations involve discharge of fumes, acids or wastes?			12.	Any demolition exposure contemplated?		

CONTRACTORS							
#	EXPLAIN ALL "YES" RESPONSES.	YES	NO				
1.	Does applicant draw plans, designs, specifications?			4.	How many full time employees?		
2.	Are certificates of insurance required from sub-contractors?			5.	How many part time employees?		
3.	Does applicant lease equipment to others with or without operators?			6.	Percent of work sub-contracted?		

**CONTRACTUAL LIABILITY**

Describe all hold harmless agreements and attached copies (include dates, contracting party, cost).

PRODUCTS/COMPLETED OPERATIONS						
Products	Annual Sales/Receipts	No. 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?			6.	Products recalled, discontinued, changed?		
2.	Research and development conducted or new products planned?			7.	Products of others sold or repackaged under applicant label?		
3.	Foreign products sold, distributed, used as components?			8.	Products under label of others?		
4.	Guarantees, warranties, hold harmless agreements?			9.	Vendors coverage required?		
5.	Products related to aircraft/space industry?			10.	Other		

**PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.**

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		
Name and Address (Include Loan Number for Mortgage)	Interest	Certificate

REMARKS:

**APPLICANT UNDERSTANDS THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT AND COMPLETE MATERIAL REPRESENTATIONS TO THE COMPANY AND REQUESTS THE COMPANY TO ISSUE THE INSURANCE POLICY IN RELIANCE HEREON.**