



AGENCY CUSTOMER ID: \_\_\_\_\_

# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

**COVERAGES**

**LIMITS**

<p><b>COMMERCIAL GENERAL LIABILITY</b></p> <p><input type="checkbox"/> CLAIMS MADE    <input type="checkbox"/> OCCURRENCE</p> <p><b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b></p>	<p><b>GENERAL AGGREGATE</b> \$</p> <p><b>LIMIT APPLIES PER:</b>    <input type="checkbox"/> POLICY    <input type="checkbox"/> LOCATION</p> <p style="margin-left: 80px;"><input type="checkbox"/> PROJECT    <input type="checkbox"/> OTHER:</p>	<p><b>PREMIUMS</b></p> <p>PREMISES/OPERATIONS</p>
<p><b>DEDUCTIBLES</b></p> <p><input type="checkbox"/> PROPERTY DAMAGE    \$</p> <p><input type="checkbox"/> BODILY INJURY       \$</p> <p><input type="checkbox"/>                                 \$       <input type="checkbox"/> PER CLAIM</p> <p style="margin-left: 180px;"><input type="checkbox"/> PER OCCURRENCE</p>	<p><b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$</p> <p><b>PERSONAL &amp; ADVERTISING INJURY</b> \$</p> <p><b>EACH OCCURRENCE</b> \$</p> <p><b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$</p> <p><b>MEDICAL EXPENSE (Any one person)</b> \$</p> <p><b>EMPLOYEE BENEFITS</b> \$</p> <p style="text-align: right;">\$</p>	<p>PRODUCTS</p> <p>OTHER</p> <p><b>TOTAL</b></p>

**OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)**

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE.      2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

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

**CLAIMS MADE (Explain all "Yes" responses)**

<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>Y / N</b>
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

**CONTRACTORS**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

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

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____  REFERENCE / LOAN #: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
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**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>	Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																			
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)																			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																			
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> SMALL TOOLS</td> <td style="text-align: center;"><input type="checkbox"/> LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> SMALL TOOLS</td> <td style="text-align: center;"><input type="checkbox"/> LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT								
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																			
7. ANY PARKING FACILITIES OWNED/RENTED?																			
8. IS A FEE CHARGED FOR PARKING?																			
9. RECREATION FACILITIES PROVIDED?																			
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																			
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11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																			
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																			
12. ARE SOCIAL EVENTS SPONSORED?																			
13. ARE ATHLETIC TEAMS SPONSORED?																			
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EXTENT OF SPONSORSHIP: _____			EXTENT OF SPONSORSHIP: _____																
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																			
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																			

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.