

**LIABILITY – GENERAL LIABILITY**

**Limits:**

General Aggregate: \_\_\_\_\_  
 Prods/Comp Ops: \_\_\_\_\_  
 Each Occurrence: \_\_\_\_\_  
 Personal/Adver Injury: \_\_\_\_\_  
 Damage to Rented: \_\_\_\_\_  
 Medical Expense: \_\_\_\_\_  
 Employee Benefits: \_\_\_\_\_  
 Professional Liability: \_\_\_\_\_

Blanket Waiver of Subrogation? .....  Yes  No  
 Specific Waiver?  Yes  No How many: \_\_\_\_\_  
 Blanket Additional Insured? .....  Yes  No  
 Included Completed Operations? .....  Yes  No  
 Specific AI?  Yes  No How many: \_\_\_\_\_

Location	Classification	Class Code	Basis	Exposure

Basis: (P) Payroll (C) Total Cost (U) Unit (S) Gross Sales (A) Area

**Claims Made**

Proposed retroactive date: \_\_\_\_\_

Entry date into uninterrupted claims made coverage: \_\_\_\_\_

Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage? ...  
 .....  Yes  No

Was tail coverage purchased under any previous policy? .....  Yes  No

**Employee Benefits Liability**

Deductible per claim: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Number of employees covered by employee benefits plans: \_\_\_\_\_

Retroactive date: \_\_\_\_\_

**Contractors**

Does applicant draw plans, designs, or specifications for others? .....  Yes  No

Do any operations include blasting or utilize or store explosive material? .....  Yes  No

Do any operations include excavation, tunneling, underground work or earth moving? .....  Yes  No

Do your subcontractors carry coverages or limits less than yours? .....  Yes  No

Are subcontractors allowed to work without providing you with a certificate of insurance? .....  Yes  No

Does applicant lease equipment to others with or without operators? .....  Yes  No

Describe the type of work subcontracted: \_\_\_\_\_

\$ paid to sub-contractors: \_\_\_\_\_ % of work sub-contracted: \_\_\_\_\_

Is there a written contract with the sub-contractors? .....  Yes  No

If yes, attach.

If no, describe the terms and agreements between the applicant and the subcontractor.

**Products/Completed Operations:**

Does applicant install, service or demonstrate products? .....  Yes  No

Foreign products sold, distributed, used as components?.....  Yes  No

Research and development conducted or new products planned? .....  Yes  No

Guarantees, warranties, hold harmless agreements? .....  Yes  No

Products related to aircraft/space industry? .....  Yes  No

Products recalled, discontinued, changed? .....  Yes  No

Products of others sold or re-packaged under applicant label or products under label of others? ..  Yes  No

Vendors coverage required? .....  Yes  No

Does any named insured sell to other named insureds? .....  Yes  No

Describe all of the applicant's products or services.

If the product is a component part, describe the items it might become a part of.

If the product or service is defective or used improperly, describe the possible damage that could occur.

**General Information**

Any medical facilities provided or medical professionals employed or contracted? .....  Yes  No

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) .....  Yes  No

Any operations sold, acquired, or discontinued in last five (5) years? .....  Yes  No

Do you rent or loan equipment to others? .....  Yes  No

Any parking facilities owned/rented?  Yes  No If yes, Is a fee charged for parking? \_\_\_\_\_

Recreation facilities provided? .....  Yes  No

Are there any lodging operations including apartments? .....  Yes  No

Is there a swimming pool on premises? .....  Yes  No

If yes, check all that apply:

fence  limited access  diving board  slide  above ground  in ground  life guard

Are social events sponsored? .....  Yes  No

Any structural alterations contemplated? .....  Yes  No

Any demolition exposure contemplated? .....  Yes  No

Has applicant been active in or is currently active in joint ventures? .....  Yes  No

Do you lease employees to or from other employers or is there a labor interchange with any other business or subsidiaries? .....  Yes  No

Are day care facilities operated or controlled? .....  Yes  No

Have any crimes occurred or been attempted on your premises within the last three (3) years? ...  Yes  No

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

Does the businesses' promotional literature make any representations about the safety or security of the premises? .....  Yes  No

Is food handled on premises? .....  Yes  No

If yes, answer the following:

Has the establishment been cited by the Board of Health? .....  Yes  No

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

Does the insured store cleaning materials in a separate area distant from the food storage area?.....  Yes  No

Do applicant employees interact regularly with customers off-premises? .....  Yes  No

If yes, answer the following:

Describe the clientele by percentage.

\_\_\_% Residential \_\_\_% Commercial \_\_\_% Institutional \_\_\_% Public

Do employees travel alone?  Yes  No

Employee Background Checks?  Yes  No

Does the applicant lease the premises? .....  Yes  No

Is the applicant's insurance policy required to be primary under any of the indicated contracts? ...  Yes  No

Does the applicant need Umbrella coverage? .....  Yes  No

If yes: Limit of Liability: \_\_\_\_\_ Retention Amount: \_\_\_\_\_

Underlying Coverage:  GL  Auto  WC  Other: \_\_\_\_\_