

Commercial General Liability Application

NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To _____

Name of Applicant: _____
 Address of Applicant: _____
 Location of Exposures: _____
 Inspection Contact Name: _____ Phone Number: _____
 Business/Description of Operations: _____

Policy Effective Date: _____ Expiration Date: _____

Applicant is: Individual Partnership Corporation Other, Describe _____

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form <input type="checkbox"/> Premises-Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Other (Specify) _____ _____ _____	General Aggregate (Other Than Products-Completed Operations) \$ _____	Premises/Operations
	Products-Completed Operations Aggregate \$ _____	Products
	Personal & Advertising Injury \$ _____	Other
	Each Occurrence \$ _____	TOTAL
	Fire Damage (Any One Fire) \$ _____	
	Medical Expense (Any One Person) \$ _____	

SCHEDULE OF HAZARDS							
CLASSIFICATION DESCRIPTION	CLASS CODE	PREMIUM BASIS (a) Area (c) Total Cost (m) Admissions (p) Payroll (s) Gross Sales (u) Units	TERR	RATE		PREMIUM	
				Premises/Ops (a) per 1,000 square feet (c) per 1,000 of Total Cost (m) per 1,000 admissions (p) per \$1,000 of payroll (s) per \$1,000 of Gross Sales (u) per each	Products	Premises/Ops	Products
TOTAL ADVANCE PREMIUMS						\$	\$

<p><u>Transition</u></p> <p>1. Has this risk or any location owned by the insured ever been disqualified from the transition program? _____</p> <p>2. If this risk is eligible for transition, please indicate the following:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>First Year of Qualification</th> <th>Location</th> <th>Class</th> <th>Area</th> <th>Sales</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	First Year of Qualification	Location	Class	Area	Sales						<p><u>Claims-Made</u></p> <p>1. Retroactive Date (proposed) _____</p> <p>2. Date entered into uninterrupted claims-made coverage: _____</p> <p>3. Has tail coverage been purchased under any previous policy? _____</p>
First Year of Qualification	Location	Class	Area	Sales							

GENERAL INFORMATION									
#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No		
1	Any advertising signs away from premises?	<input type="checkbox"/>	<input type="checkbox"/>	9	Any mechanically operated riding devices?	<input type="checkbox"/>	<input type="checkbox"/>		
2	Equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	10	Any saddle animals owned or used?	<input type="checkbox"/>	<input type="checkbox"/>		
3	Any boats, docks, floats, owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>	11	Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>		
4	Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>		
5	Any elevator or escalators on premises?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>		
6	Any sun tan booths?	<input type="checkbox"/>	<input type="checkbox"/>	14	Operations involve discharge of fumes, acids, wastes?	<input type="checkbox"/>	<input type="checkbox"/>		
7	Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	15	Are there any underground tanks on premises?	<input type="checkbox"/>	<input type="checkbox"/>		
8	Any swimming pools (private or commercial)?	<input type="checkbox"/>	<input type="checkbox"/>	16	Do you install underground tanks?	<input type="checkbox"/>	<input type="checkbox"/>		

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

MANUFACTURING, PROCESSING, CONTRACTING OR SERVICING

1. Describe operations & equipment _____
2. How long in business? _____ Do you have any other operations not described? _____
3. Are accounting records well kept? _____ Where can audit be made? _____
4. Does applicant draw plans, designs, specifications? _____
5. Does applicant lease equipment to others with or without operators? _____
6. Any work done by contractors or subcontractors? _____
7. Are certificates of insurance required from subcontractors? _____
8. Is any blasting done? _____ Is any excavation or underground work done? _____ If so, describe under Remarks Section.
9. (a) How many employees including owners, partners and officers? _____
 (b) How many employees other than partners, owners and officers? _____
 (c) What was total payroll for all officers and all employees for past year? _____
 (d) What was total gross receipts from all operations for previous year? _____
10. Complete the following for all Owners, Partners, Corporate Officers (attach listing if inadequate space)

Name	Title & Duties	Payroll

MERCANTILE, BUILDING OR PREMISES

1. Is insured owner, lessee or tenant? _____
2. What portion does insured occupy? _____
3. For what purpose? _____
4. If insured does not use the entire premises how is remainder occupied?

5. Number of stories excluding basement? _____
6. Area of bldg. (sq. ft.)? _____ Frontage (in ft.) _____
7. Construction of bldg? _____ Approximate age? _____
8. Does public have access to basement? _____ For what purpose?

9. Basement area (square feet) _____
10. Is property multi-family rental (more than 2 family)? Yes No If yes, have smoke detectors been installed? Yes No Are they checked periodically to determine if in working condition? Yes No

PRODUCTS/COMPLETED OPERATIONS

Product	Annual Sales or Receipts	No. of Units	Time in Market	Expected Life	Intended Use	Principal Components

#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No
1	Does applicant install, service or demonstrate product?	<input type="checkbox"/>	<input type="checkbox"/>	6	Products recalled, discontinued, changed?	<input type="checkbox"/>	<input type="checkbox"/>
2	Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	7	Products of others sold or re-packaged under applicant label?	<input type="checkbox"/>	<input type="checkbox"/>
3	Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>	8	Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
4	Guarantees, warranties, hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>	9	Vendors coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
5	Products related to aircraft/space industry?	<input type="checkbox"/>	<input type="checkbox"/>				

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

ADDITIONAL INTEREST – CERTIFICATE OF INSURANCE

#	NAME AND ADDRESS	INTEREST	CERT
1			<input type="checkbox"/>
2			<input type="checkbox"/>

LOSS INFORMATION

Insurance Company	Effective Date	Expiration Date	Premium Paid	Number of Claims	Total \$ Amount of All Claims Paid and in Reserve

Give full details of all claims paid or outstanding _____

Is any insured aware of any facts or 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 complete details _____

Has any prior insurance been cancelled or renewal refused? Yes No If yes, explain under Remarks Section.

REMARKS**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 _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

- Please quote
- Please bind at earliest possible date and issue policy
- Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.