Commercial General Liability Application

Occurrence Form

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

	Proposed Policy Effective	e Date:		Expiration:					
1.	Name of applicant:								
2.	Applicant type:	ion 🗌 LLC	Other, descr	ibe:					
3.	Mailing address:								
4.									
5.	Contact information for premium audits and inspections (name								
6.	Describe all operations in detail:								
7.									
	If yes, provide names and details:								
8.	Do you have any operations, exposures or ventures, active of	or inactive, not	listed on this ap	oplication? Yes	☐ No				
	a. If yes, provide details, including entity name(s) if applicable:								
	h Darillandii a ann Oanan Liabii in ianna a C	- D N- 16							
•	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	\$			s per Claim				
Ea	ch Occurrence	Ť		Bodily Injury	\$				
	Damage to Premises Rented to You (any one premises)	\$		Property Damage	\$				
	Medical Expense (any one person)	\$							
Pe	rsonal & Advertising Injury (any one person or organization)	\$							
Ge	neral Aggregate	\$							
Pro	oducts-Completed Operations Aggregate	\$							
11.	Schedule of Hazards								
			Premium E	Basis/Exposure					

		Premium Basis/Exposure	
Class Code		(s) Gross Sales (a) Area (c) Total Cost (Labor & Materials) (p) Payr (m) Admissions (u) Units	oll

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Address		Interest	Year Built	Area (sq. feet)	% Occupied		Usage	
		Owner Tenant						
		Owner						
		☐ Tenant ☐ Owner						
		Tenant						
		☐ Owner☐ Tenant						
13. Account Sum	nmary							
Policy Period	Receipts/Rev	venue	Payroll		Subcontracted Labor Cost		Subcontracted Material Cost	
Next year								
Last Year								
2 nd prior year								
3 rd prior year								
	wners, partners and		⊢	low many emp	loyees other t	han owners, par	tners and officers?	
	tners and Corporate	e Officers		Title 0 Dest	•		Day wall	
Na	ıme			Title & Dut	ies		Payroll	
16. Do you utilize	e any of the following	ng in your ope	rations?					
☐ Subcontr	actors 🗌 Uninsu	red Subcontra	actors	Casual Labor	☐ Voluntee	r Workers 🔲 L	eased Employees	
17. Do you obtain	n the following from	n all subcontra	ctors before	e they enter yo	our jobsite?			
a. Certifica	te of Insurance for:							
Gener	al Liability Insurand	ce 🗌 Y	′es 🗌 No	If yes, what	limits of liabilit	y? \$ Occurrence	// Aggregate Products	
Worke	ers Compensation	□ Y	′es 🗌 No)		Occurrence	Aggregate i loudets	
b. Addition	al Insured Endorse	ment naming	applicant as	s Additional Ins	sured 🗌 Yes	s 🗌 No		
18. Do you requi	re all subcontractor	rs to hold your	operation I	harmless by wi	ritten agreeme	ent? 🗌 Yes 🛭	No	
19. Do you hire a	and compensate all	l independent	subcontrac	tors working at	your direction	i? 🗌 Yes 🗌	No	
If no, explain	:							
20. Do you carry	Workers Compens	sation Insurand	ce? 🗌 Ye	es 🗌 No If	yes, name of i	nsurer:		
21. Do you provi	de consulting servi	ces for other e	ntities?] Yes 🗌 No	1			
If yes, explair	If yes, explain:							
22. Do you lease	22. Do you lease equipment to others? Yes No							
If yes, explair	If yes, explain:							
23. Do you perfo	rm or supervise an	y blasting?] Yes [No				
24. Do you antici	ipate any demolitio	n work? 🔲 🗅	Yes □ No	0				
25. Do you have	5. Do you have any exposure to radioactive or nuclear materials? Yes No							

^^	Decide Oald	D :	NA	N 4 I 4 I
Zh.	Products Soid.	Designeg.	Manufactured or	iviarketed

Product		Annual Sales Ur		Time in	Expected			
				Market	Life	Int	ended Use	Principal Components
For products	sold or d	istributed	l, attach a	ny literature	, brochures,	labels, warr	nings, etc.	•
a. Do you ir	stall, servi	ce or repa	air any pro	ducts? 🗌 \	∕es □ No			
b. Do you s	ell or distrib	oute produ	ucts that a	re manufactu	red in foreign	countries or	territories?	s 🗌 No
c. Do you s	ell or distrik	oute produ	ucts to fore	eign countries	or territories	? 🗌 Yes	□ No	
•	•	٠.		developed?				
e. Are produ	ucts related	to the ac	erospace ir	ndustry?	Yes \[\] No)		
f. Are produ	ucts of othe	ers sold o	r re-packa	ged under the	e applicant's l	abel? \[Y	es 🗌 No	
g. Have any	products I	been reca	ılled, disco	ntinued or ch	anged?	Yes No		
h. Are produ	ucts labele	d with a d	ifferent na	me than your	company na	me? Ye	s 🗌 No	
	's coverag	•						
-	-				es, provide p	ercentage sol	ld online below)	
Explain any "	es" answe	ers to the	above que	estions:				
27. Insurance & L	oss Histor	y						
Insurance C	arrier	Effect	ive Date	Expiration	Date F	Premium	Number of Claims	Total Amount Paid and Reserved
Attach loss r	uns for th	e nast fiv	e vears.					
	Attach loss runs for the past five years. a. Give full details of all claims paid or outstanding:							
a. Onoran								
b. Do you k	now of any	facts, pa	st incident	s. circumstan	ces or situati	ons which co	uld give rise to a cla	im under the insurance
_	-	•] Yes □ N			g 1100 to a ola	2
_	-							
						Yes 🗌 No		
If ves. ex			. 34.1301104	. Si ionowali	J. 4004.	. 00 🗀 140		

28. Remarks/Additional Information						
MUST B	E SIGNED BY THE APPLICANT PER	SONALLY				
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			