

General Liability Supplemental Application

Applicant Information

1. Applicant name:
2. Principal business address:

3. Number of Years in Operation:
4. Number of Full-time staff: Part-time:
5. Nature of your business:

6. What is your gross sales estimate? \$
7. What is your total payroll? \$

Applicant Facilities

8.

#	Name & Location Address	Single Occupancy or Multiple?	Owner/ Lessee/ Tenant?	Square Footage Occupied	# of Stories	Type of Construction

General Information

9. Are all of the applicant's locations equipped with:

a. Type of Construction	Yes	No
b. Smoke detectors	Yes	No

- c. Properly maintained fire extinguishers Yes No
- d. At least two clearly marked exits on each floor Yes No
- e. Self-closing fire doors on each floor Yes No
- f. Automatic fire alarm system connected to a local fire department Yes No
- g. Emergency electrical system Yes No
- h. Heat sensors Yes No
- i. Fire escape(s) Yes No
- j. Posted emergency evacuations procedures Yes No

If “no” to any of the above, please provide additional details in the Additional Comments section below.

- 10. Does the applicant have a written safety program in place? Yes No
- 11. Does the applicant have written procedures in place for incident reporting? Yes No
- 12. Does the applicant have any:
 - a. Exposure to flammables, explosives, chemicals? Yes No
 - b. Catastrophe exposures Yes No
 - c. Exposure to radioactive materials Yes No
 - d. Firearms on the premises? Yes No
 - e. Animals on the premises? Yes No
 - f. Machinery/equipment loaned/rented to others Yes No
 - g. Any storing, treating, discharging, applying, disposing or transporting hazardous materials? Yes No
 - h. Lake, pond, river, swimming pool or other body of water? Yes No
 - i. Any watercraft, docks, floats owned, hired, or leased? Yes No
 - j. Camp, adventure/wilderness, ropes courses or any type of recreational program? Yes No
 - k. Any parking facilities owned/rented? Yes No
 - l. Sporting/social events sponsored? Yes No
 - m. Steam rooms or saunas? Yes No

If “yes” to any of the above, please provide additional details in the Additional Comments section below.

13. Does the applicant sell or lease any medical equipment or products to patients/clients or others in connection with this operation? Yes No

If "yes", please provide the following information:

Annual gross revenue from medical equipment sales /rental: \$

Types of medical equipment:

14. Does the applicant perform any maintenance or repairs on equipment sold or leased? Yes No

15. Is the Applicant named as an Additional Insured or vendor on the manufacturer or distributor's policy for all products? Yes No

Insurance & Claims History

16. Has any insurer declined, cancelled or nonrenewed any General Liability policy for any person(s) or entity(ies) proposed for this insurance? Yes No

If "yes", please provide additional details in the Additional Comments section below.

17. Has (have) any General Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance? Yes No

If "yes", please provide additional details in the Additional Comments section below.

How many claims have been made in the last five (5) years?

18. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any General Liability claim? Yes No

If "yes", please provide additional details on in the Additional Comments section below.

19. List prior Commercial General Liability insurers for the past five years (if none, please tick box) None

Insurer	Dates Covered From – To (mm/dd/yy)	Limits of Liability per Claim / Aggregate	Deductible	Premium	Coverage Type: Occurrence or Claims Made

a. If the current/expiring policy is on a claims-made form, what is the retroactive date?

b. If expiring coverage exists, does coverage include products and completed operations coverage? Yes No

Additional Comments

It is understood and agreed that with respect to all questions involving past claims history or known incidents,, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Name/title of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.