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:	Other, descr	ibe:				
3.	Mailing address:						
4.	Website:						
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?	☐ No		
	a. If yes, provide details, including entity name(s) if applicable:						
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•	b. Do all entities carry General Liability insurance? Ye		-	surer(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	Pa	yroll		acted Labor Cost	Subcontracted Material Cost
Next year							
Last Year							
2 nd prior year							
3 rd prior year							
14 How many o	wners, partners and	d officers?	L	low many emn	lovees other th	nan owners nar	tners and officers?
•	tners and Corporate			low many emp	loyees offici ti	ian owners, pan	
	ime			Title & Dut	ios		Payroll
Na			Title & Dut	.162		Payroll	
16. Do you utilize	e any of the followir	ng in your ope	rations?				
☐ Subcontr	actors 🗌 Uninsu	red Subcontra	actors	Casual Labor	☐ Volunteer	Workers 🗌 L	eased Employees
17. Do you obtain	n the following from	n all subcontra	ctors before	e they enter yo	our jobsite?		
a. Certificat	te of Insurance for:						
Gener	al Liability Insurand	ce 🔲 \	∕es □ No	If yes, what	limits of liability	y? \$	<u></u>
Worke	ers Compensation		∕es □ No)		Occurrence	Aggregate Products
b. Additiona	al Insured Endorse	ment naming	applicant as	s Additional Ins	sured 🗌 Yes	s □ No	
18. Do you requi	re all subcontractor	rs to hold you	operation I	harmless by wr	ritten agreeme	nt?	□ No
19. Do you hire a	and compensate all	l independent	subcontrac	tors working at	your direction	?	No
	· :			-	-		
						nsurer:	
21. Do you provi	de consulting servi	ces for other e	entities?] Yes □ No	-)		
	n:						
22. Do you lease equipment to others? Yes No							
If yes, explain	If yes, explain:						
23. Do you perform or supervise any blasting? Yes No							
24. Do you anticipate any demolition work? Yes No							
25. Do you have	25. Do you have any exposure to radioactive or nuclear materials? Yes No						

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

	1	Ann	ual					
Product		Sales Units Sold		Time in E Market	Expected Life	Int	ended Use	Principal Components
For products sold or distributed, attach any literature, brochures, labels, warnings, etc. a. Do you install, service or repair any products?								
27. Insurance	& Loss Histo	ory						
Insurance	Carrier	Effect	ive Date	Expiration	Date F	Premium	Number of Claims	Total Amount Paid and Reserved
a. Give f	ull details of		oaid or outs				uld give rise to a clai	im under the insurance
covera	age sought i provide det	n this applicails:	cation?	Yes N	lo			335
	ny prior insu explain:	ırance been	cancelled	or renewal r	efused?	Yes No		

28. Remarks/Additional Information						
MUST B	E SIGNED BY THE APPLICANT PERS	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 packground 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).						
Witness	Applicant's Signature					