

# GENERAL LIABILITY APPLICATION



Agent Name \_\_\_\_\_ Code \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## APPLICANT INFORMATION

Applicant's name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Proposed effective date From \_\_\_\_\_ to \_\_\_\_\_  
(12:01 a.m., standard time at the address of the applicant)

## LIMITS OF LIABILITY REQUESTED

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
Deductible	\$

## PREMIUMS

Premises/Operations	\$
Products/Completed Operations	\$
Other	\$
Total	\$

## APPLICANT/PREMISES/OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 2. Premises Information:

Location Number	Street	City	County	State	Zip Code

3. Applicant is:  Individual  Corporation  Partnership  
 Joint Venture  Nonprofit  Other (Specify) \_\_\_\_\_

### 4. Inspection/Audit Information

Inspection Contact \_\_\_\_\_ Inspection Phone \_\_\_\_\_  
 Accounting Records Contact \_\_\_\_\_ Accounting Records Phone \_\_\_\_\_

5. Management: Number of years in operation \_\_\_\_\_ If new operation, number of years related experience \_\_\_\_\_

6. Total number of employees \_\_\_\_\_

# GENERAL LIABILITY APPLICATION



## GENERAL INFORMATION (EXPLAIN ALL "YES" RESPONSES)

	Yes	No		Yes	No
a. Exposure to flammables, explosives, Chemicals?			l. Fee charged for parking?		
b. Exposure to asbestos?			m. Does applicant have Workers' Compensation coverage in force?		
c. Exposure to radioactive materials?			n. Does insured subcontract work?		
d. Do operations involve storing, treating, hazardous discharging, applying, disposing or transporting of material (e.g., landfills, wastes, fuel tanks, etc.)			o. Certificates of insurance required from all subcontractors?		
e. Sporting/social events sponsored?			p. Does the applicant lease employees?		
f. Any watercraft, docks, floats owned, hired or leased?			q. Any demolition exposure contemplated?		
g. Any operations sold, acquired, or discontinued in the last 5 years?			r. Any structural alterations contemplated?		
h. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?			s. Recreational facilities provided?		
i. Machinery/equipment loaned/rented to others?			t. Any policy or coverage declined, cancelled or non renewed during last three years? (not applicable in Missouri)		
j. Swimming pool on premises?			u. If yes, please explain: _____		
k. Any parking facilities owned/rented?					

## PRIOR CARRIER INFORMATION

	Year	Year	Year	Year
Carrier				
Policy Number				
Total Premium				

## LOSS HISTORY (FIVE YEAR PERIOD)

Date of loss	Description of loss	Amount paid	Amount reserved	Claim status (open or closed)

## ADDITIONAL INSURED INFORMATION

Name	Address

# GENERAL LIABILITY APPLICATION



## SCHEDULE OF HAZARDS

CLASSIFICATION	CLASS CODE	PREMIUM BASES		TERMS	RATE		PREMIUM	
		(s) Gross Sales (a) Area (t) Other	(p) Payroll (c) Total Cost		Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

### FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ Agent License Number \_\_\_\_\_

By signing this application for insurance, I hereby authorize and instruct OWENS INSURANCE AGENCY, INC. to obtain and review my credit report. My credit report will be obtained from Equifax and I understand and agree that OWENS INSURANCE AGENCY, INC. intends to use the credit report for the purpose of evaluating and underwriting my application for insurance.

I authorize: \_\_\_\_\_ I do not authorize \_\_\_\_\_