

# 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

Horner Insurance Services, Inc.  
 5101 Wheelis Drive  
 Suite 214  
 Memphis, TN 38117  
 (901) 684-4570 FAX: (901) 684-4565

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 \$ _____	
	Fire Damage (Any One Fire) \$ _____	TOTAL
	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
<b>TOTAL ADVANCE PREMIUMS</b>						\$	\$

<p><b>Transition</b></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><b>Claims-Made</b></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"/>

**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	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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. \_\_\_\_\_