

ARKANSAS

Commercial General Liability Application

Occurrence Form

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

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

Proposed Policy Effective Date: _____ Expiration: _____

1. Name of applicant: _____
2. Applicant type: Individual Partnership Corporation LLC Other, describe: _____
3. Mailing address: _____
4. Website: _____
5. Contact information for premium audits and inspections (name & phone): _____
6. Describe all operations in detail:

7. Do you operate under any other names? Yes No
If yes, provide names and details: _____
8. Do you have any operations, exposures or ventures, active or inactive, not listed on this application? Yes No
a. If yes, provide details, including entity name(s) if applicable: _____

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 | |
|--|----|
| Each Occurrence | \$ |
| Damage to Premises Rented to You (any one premises) | \$ |
| Medical Expense (any one person) | \$ |
| Personal & Advertising Injury (any one person or organization) | \$ |
| General Aggregate | \$ |
| Products-Completed Operations Aggregate | \$ |

| Deductibles per Claim | |
|-----------------------|----|
| Bodily Injury | \$ |
| Property Damage | \$ |

11. Schedule of Hazards

| Class Code | Classification Description | Premium Basis/Exposure | | | | State & Territory |
|------------|----------------------------|------------------------|-----------|------------------------------------|-------------|-------------------|
| | | (a) Gross Sales | (a) Area | (c) Total Cost (Labor & Materials) | (p) Payroll | |
| | | (m) Admissions | (u) Units | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

12. Premises Schedule

| Address | Interest | Year Built | Area (sq. feet) | % Occupied | Usage |
|---------|---|------------|-----------------|------------|-------|
| | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | |
| | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | |
| | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | |
| | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | |

13. Account Summary

| Policy Period | Receipts/Revenue | Payroll | Subcontracted Labor Cost | Subcontracted Material Cost |
|----------------------------|------------------|---------|--------------------------|-----------------------------|
| Next year | | | | |
| Last Year | | | | |
| 2 nd prior year | | | | |
| 3 rd prior year | | | | |

14. How many owners, partners and officers? _____ How many employees other than owners, partners and officers? _____

15. Owners, Partners and Corporate Officers

| Name | Title & Duties | Payroll |
|------|----------------|---------|
| | | |
| | | |
| | | |
| | | |

16. Do you utilize any of the following in your operations?

- Subcontractors Uninsured Subcontractors Casual Labor Volunteer Workers Leased Employees

17. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:

General Liability Insurance Yes No If yes, what limits of liability? \$ _____ / Occurrence / Aggregate / Products
 Workers Compensation Yes No

b. Additional Insured Endorsement naming applicant as Additional Insured Yes No

18. Do you require all subcontractors to hold your operation harmless by written agreement? Yes No

19. Do you hire and compensate all independent subcontractors working at your direction? Yes No

If no, explain: _____

20. Do you carry Workers Compensation Insurance? Yes No If yes, name of insurer: _____

21. Do you provide consulting services for other entities? Yes No

If yes, explain: _____

22. Do you lease equipment to others? Yes No

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 any exposure to radioactive or nuclear materials? Yes No

26. Products Sold, Designed, Manufactured or Marketed

| Product | Annual | | Time In Market | Expected Life | Intended Use | Principal Components |
|---------|--------|------------|----------------|---------------|--------------|----------------------|
| | Sales | Units Sold | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

For products sold or distributed, attach any literature, brochures, labels, warnings, etc.

- a. Do you install, service or repair any products? Yes No
- b. Do you sell or distribute products that are manufactured in foreign countries or territories? Yes No
- c. Do you sell or distribute products to foreign countries or territories? Yes No
- d. Are any new products being planned or developed? Yes No
- e. Are products related to the aerospace industry? Yes No
- f. Are products of others sold or re-packaged under the applicant's label? Yes No
- g. Have any products been recalled, discontinued or changed? Yes No
- h. Are products labeled with a different name than your company name? Yes No
- i. Is vendor's coverage required? Yes No
- j. Do you sell products online? Yes No (if yes, provide percentage sold online below)

Explain any "Yes" answers to the above questions:

27. Insurance & Loss History

| Insurance Carrier | Effective Date | Expiration Date | Premium | Number of Claims | Total Amount Paid and Reserved |
|-------------------|----------------|-----------------|---------|------------------|--------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |

Attach loss runs for the past five years.

- a. Give full details of all claims paid or outstanding: _____

- b. Do you know of any facts, 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 details: _____
- c. Has any prior insurance been cancelled or renewal refused? Yes No
 If yes, explain: _____

