# ACORD

## **COMMERCIAL GENERAL LIABILITY SECTION**

(A/C, No, Ext): FAX (A/C, No):						APPLICANT (First Named Insured)									
								EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL	PAYME	NT PLAN	AUDIT	
											AGENCY BILL				
								FOR							
CODE	:		s	UB CODE:				COMPANY USE ONLY							
AGEN CUST	NCY TOMER ID:														
						LIMITS									
	COMMERCIAL GENERAL LIABILITY				GEN	GENERAL AGGREGATE \$					PREMIUMS				
	CLAIMS MADE OCCURRENCE				PRO	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$					PREMISES/OPERATIONS				
	OWNER'	S & CONTRACTOR	'S PRO	TECTIVE			PERSONAL & ADVERTISING INJURY \$								
							EACH OCCURRENCE \$					PRODUCTS			
DEDUCTIBLES DA					DAN	DAMAGE TO RENTED PREMISES (each occurrence) \$									
	PROPER	TY DAMAGE	\$				MED	OICAL EXPENSE (Any o	one person)		\$		OTHER		
	BODILY	INJURY	\$			PER CLAIM	EMP	LOYEE BENEFITS			\$				
			\$			PER OCCURRENCE							TOTAL		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)															
												·			

#### SCHEDULE OF HAZARDS

LOC #	HAZ	CLASSIFICATION		CLASS	PREMIUM	EXPOSURE	TERR	RA	TE	PREMIUM	
	#	SEAGON IOATION		CODE	BASIS			PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
	G AND PR	EMIUM BASIS	(P) PA	YROLL - PER \$1,	000/PAY	(C) TOTAL COST - I	PER \$1.000	COST	(U) UNIT -	PER UNIT	
( )				EA - PER 1,000/S		(M) ADMISSIONS -			(T) OTHER		
LAI	MS MA	DE (Explain all "Yes'	" respons	ses)							
		ES" RESPONSES		•							Y

1. PROPOSED RETROACTIVE DATE:

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

#### **EMPLOYEE BENEFITS LIABILITY**

ACORD 126 (2007/05)	Page 1 of 4	© ACORD CORPORATION 1993-2007. All rights reserved.
2. NUMBER OF EMPLOYEES:	4. RETROACTIV	/E DATE:
1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF E	EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:

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CONTRACTORS											
EXPLAIN ALL "YES" RESPONSES	(For past or present operatior	ıs)						Y/N			
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR S	PECIFICATIONS FOR	OTHERS?								
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UT	TILIZE OR STORE EX	PLOSIVE MA	ATERIAL?							
3. DO ANY OPERATIONS INC	CLUDE EXCAVATION, TU	JNNELING, UNDERG	ROUND WOI	RK OR EAR	TH MOVING?						
4. DO YOUR SUBCONTRACT	FORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUF	RS?							
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?											
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	RS WITH OR WITHOU	T OPERATO	RS?							
DESCRIBE THE TYPE OF WORK SU	JBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:				
PRODUCTS/COMPLETE	D OPERATIONS										
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	NDED USE	PRINCIPAL COMPONEN	тѕ			
EXPLAIN ALL "YES" RESPONSES				FERATURE, B	ROCHURES, LABEI	S, WARNINGS, ETC.		Y / N			
1. DOES APPLICANT INSTA	LL, SERVICE OR DEMON	NSTRATE PRODUCTS	S?								
2. FOREIGN PRODUCTS SC	DLD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOF	RD 815)						
3. RESEARCH AND DEVELO	PMENT CONDUCTED O	R NEW PRODUCTS F	PLANNED?								
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?									
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU	JSTRY?									
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?									
								_			
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?								
8. PRODUCTS UNDER LABE	EL OF OTHERS?										
9. VENDORS COVERAGE R	EQUIRED?										
								<u> </u>			
10. DOES ANY NAMED INSUR	KED SELL TO OTHER NA	AMED INSUREDS?									

	DITIONAL	INTEREST/	CERTIFICATE RECI		ACORD 45 att	ached for ad	ditional names			
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE REQUIRED	INTEREST	IN ITEM NUMBER	
	ADDITIONAL I	NSURED						LOCATION:	BUILDING:	
	LOSS PAYEE							VEHICLE:	BOAT:	
	MORTGAGEE							SCHEDULED ITEM N	UMBER:	
	LIENHOLDER							OTHER		
	EMPLOYEE A	SIESSOR								
			ITEM DESCRIPTION:							
GF	NFRAI INI	ORMATION								
			- For all past or present opera	ations)						Y/N
			S PROVIDED OR MEDI		IONALS EMPLOYED	OR CONTRAC	TED?			
2.	ANY EXPOS	SURE TO RAD	IOACTIVE/NUCLEAR M	IATERIALS?						
3.			IT OR DISCONTINUED ARDOUS MATERIAL? (			IG, TREATING,	DISCHARGING, APPLY	ING, DISPOSING, O	R	
				eigi iananio, ira						
			, ACQUIRED, OR DISCO			22				
4.	ANT OPERA	ATIONS SOLD	, ACQUIRED, OR DISCO		AST FIVE (5) TEARS	D (				
-										-
5.	MACHINER		ENT LOANED OR REN	TED TO OTHER	<b>\\</b> ?					
					0500					-
0.	ANY WATER	KURAFT, DUU	KS, FLOATS OWNED, I	HIRED OR LEAS	SED?					
<u> </u>										
1.	ANY PARKII	NG FACILITIES	S OWNED/RENTED?							
8.	IS A FEE CF	ARGED FOR	PARKING?							
	DECREATIC		S PROVIDED?							
9.	RECREATIC	IN FACILITIES	FROVIDED							
10.	IS THERE A	SWIMMING P	POOL ON THE PREMISE	-5?						
	00000000									
11.	SPORTING	UR SOCIAL E	VENTS SPONSORED?							
<u> </u>	AND /									
12.	ANY STRUC	URAL ALTE	RATIONS CONTEMPLA	IED?						
<u> </u>										+
13.	ANY DEMOL	ITION EXPOS	URE CONTEMPLATED	?						
										-
14.	HAS APPLIC	JANT BEEN A	CTIVE IN OR IS CURRE	INTLY ACTIVE	IN JOINT VENTURES	5?				
<u> </u>										-
15.	DO YOU LE	ASE EMPLOY	EES TO OR FROM OTH	IER EMPLOYER	R5?					
L										
16.	IS THERE A	LABOR INTE	RCHANGE WITH ANY C	THER BUSINE	SS OR SUBSIDIARIE	ES?				

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#### GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.