



P.O Box 30527  
 Phoenix, AZ 85046  
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**GENERAL LIABILITY APPLICATION**

Quote

BIND

Quoted by:

Applicant:	Producer:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:

Applicant is:  Individual  Corporation  LLC  Partnership  Other (Explain)

Business Description:

Location of Premises:  
 (City, State, Zip)

Proposed Eff Date:	Proposed Exp Date:	How Long in Business?
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**PRIOR INSURANCE COVERAGE and LOSS HISTORY**

Carrier	Year	Premium	Date & Amount of Loss	Cause & Loss Description

Has any carrier canceled, declined, or refused any insurance during the past three years?  
 (if "Yes", please explain in Remarks Section below.)  Yes  No

Is there any other insurance on this property?  Yes  No  
 Are there any special hazards on this property?  Yes  No

DEDUCTIBLE REQUESTED		LIMITS REQUESTED		PREMIUMS (Office Use Only)	
Prop Damage		General Aggregate		Premises/Ops	
Bodily Injury		Products / Completed Ops.		Products	
LAE		Personal / Advertising Injury		Other	
		Each Occurrence			
		Fire Damage (Any One Fire)			
		Medical Expense (Any One Person)		Total Premium	
Other Coverages, Restrictions and/or Endorsements Required?:				Policy Fee	
				Taxes/Fees	

Loc. No.	Description	Class Code	Premium Basis *	Exposure	Rate	Premium

\* Receipts / Gross Sales / Cost / Payroll / Sq. Footage / Other, etc.

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	Any advertising signs away from premises?			5	Any sporting or social events sponsored?		
2	Any Equipment loaned or rented to others?			6	Any structural alterations or demolition contemplated?		
3	Any boats, docks, or floats owned, hired or leased?			7	Any recreational facilities provided?		
4	Any operations involving the discharge of fumes, acids, or wastes?			8	Any participation in trade shows, exhibits, or conventions?		

CONTRACTORS EXPOSURES							
#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	Does applicant draw plans, designs, or specifications?			4	How many full time employees (excl. Owner)		
2	Are certificates of insurance required from all sub-contractors?			5	How many part-time employees (excl. Owner)		
3	Does applicant lease equipment to others?			6	Percent of work sub-contracted?		

**CONTRACTUAL LIABILITY**

Describe all hold harmless agreements and attach copies of same (include dates, contracting parties, and costs).

PRODUCTS LIABILITY			
Products	Annual Sales/Receipts	Intended Use	Principle Components

#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	Does applicant install, service or demonstrate products			6	Have any of Applicant's products ever been recalled, discontinued or changed?		
2	Does applicant conduct Research and development or are new products planned?			7	Are the products of others sold or repackaged under the applicant's label?		
3	Are foreign products sold, distributed, or used as components in applicant's products?			8	Does Applicant distribute or sell products under the label of others?		
4	Does applicant provide Guarantees, warranties, or hold harmless agreements?			9	Is Vendors coverage required?		
5	Are any of Applicant's products related to the aircraft or space industry?			10	Other		

**PLEASE ATTACH LITERATURE, BROCHURES, LABELS WARNINGS, ETC.**

ADDITIONAL INTERESTS / CERTIFICATE RECIPIENTS		
Name and Address of Add'l Interest (include Loan Number for Mortgagee or Lien Holder)	Add'l Insured	Cert Holder

REMARKS:

**APPLICANT UNDERSTANDS THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT AND COMPLETE MATERIAL REPRESENTATIONS TO THE COMPANY AND REQUESTS THE COMPANY TO ISSUE THE INSURANCE POLICY IN RELIANCE HEREON.**

\_\_\_\_\_ APPLICANT'S SIGNATURE                      \_\_\_\_\_ AGENT/BROKER SIGNATURE                      \_\_\_\_\_ DATE  
 /Statewide GL App / 7-12