



AGENTS INSURANCE MARKETS, INC.

P. O. Box 71360
 Richmond, VA 23255-1360
 800-627-0505 (Phone)/804-285-4945(Fax)

Commercial General Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. State nature of your business / description of operations / occupancy by location.

NATURE OF YOUR BUSINESS	DESCRIPTION OF OPERATIONS	OCCUPANCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

SCHEDULE OF HAZARDS (Attach a separate sheet, if necessary)

Loc. #	DESCRIPTION	CLASS CODE	PREMIUM BASIS	INTEREST	PART OCCUPIED
				<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	_____%

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?..... Yes No
2. Any operations sold, acquired, or discontinued in the last 5 years? Yes No
3. Is a formal safety program in operation?..... Yes No
4. Any exposure to flammables, explosives or chemicals? Yes No
5. Any medical facilities provided, or doctors employed / contracted?..... Yes No
6. Machinery or equipment loaned or rented to others? Yes No
7. Do past, present or discontinued operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.? Yes No
8. Any parking facilities owned or rented? Yes No
If yes, is a fee charged?..... Yes No
9. Are employees leased to or from other employers?..... Yes No
10. Any participation in trade shows, exhibits or conventions? Yes No
11. Are recreation facilities provided? Yes No
12. Are sporting or social events sponsored?..... Yes No
13. Are any structural alterations or demolition exposure contemplated?..... Yes No
14. Is there a swimming pool on the premises? Yes No
15. Are any watercraft, docks or floats owned, hired or leased? Yes No
16. Does any Named Insured sell to any other Named Insured? Yes No

Remarks: _____

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	GROSS ANNUAL SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES

1. Does the applicant install, service or demonstrate products?..... Yes No
2. Are foreign products sold, distributed, or used as components? Yes No
3. Is research and development conducted or new products planned?..... Yes No
4. Does the applicant have guarantees, warranties or Hold Harmless agreements?..... Yes No
5. Are products related to aircraft, aviation or space industry?..... Yes No
6. Are products recalled, discontinued or changed? Yes No
7. Are products of others sold or re-packaged under applicant's label?..... Yes No
8. Are products under label of others?..... Yes No

PRODUCTS/COMPLETED OPERATIONS

9. Is vendors' coverage required? Yes No

Attach literature, brochures, labels, warnings, etc.

Remarks: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES

- 1. Does applicant draw plans, designs or specifications? Yes No
- 2. Do any operations include blasting or utilize or store explosive materials?..... Yes No
- 3. Do any operations include excavation, tunneling, underground work or earth moving? Yes No
- 4. Are subcontractors allowed to work without providing you with a certificate of insurance? Yes No
- 5. Do your subcontractors carry coverage or limits less than yours? Yes No
- 6. Does applicant lease equipment to others with or without operators? Yes No
- 7. Describe the type of work, percentage subcontracted and number of full-time and part-time staff. (Attach additional sheet, if necessary)

TYPE OF WORK	PERCENTAGE SUBCONTRACTED	NUMBER OF STAFF	
		FULL-TIME	PART-TIME
	%		
	%		

8. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? Yes No

Remarks: _____

CONTRACTUAL LIABILITY

Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost): **Attach** Copies

DATES	CONTRACTING PARTY	COST
		\$
		\$
		\$

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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.

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Producer's Signature	Date	Applicant's Signature	Date
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