	AGENCY CUSTOMER ID:												
Ą	ĆOF	SP <sub>®</sub> COM	MERCIA	L GEN	ER.	AL LIAE	3ILI7	ΓY SE	CTION	J	ATE (MM/DD/YYYY)		
AGENCY POLICY NUMBER						CARRIER				•	NAIC CODE		
				EFFECTIV	/E DATE	APPLICANT / FIRST	NAMED IN	ISURED					
CO	/ERAGE	:S		LIMITS									
	COMMERC	AL GENERAL LIABILITY		GENERAL AGGE	GENERAL AGGREGATE \$						PREMIUMS		
	CLAIM	S MADE OCCURR	RENCE	LIMIT APPLIES F	LIMIT APPLIES PER: POLICY LOCATION					PREMISES	OPERATIONS		
	OWNER'S 8	CONTRACTOR'S PROTECTIVE			PROJECT OTHER:								
				PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$							3		
DEDU	JCTIBLES			PERSONAL & AI	DVERTISI	NG INJURY		\$					
	PROPERTY	DAMAGE \$		EACH OCCURR	ENCE			\$		OTHER	OTHER		
	BODILY INJ	URY \$	PER CLAIM	DAMAGE TO RE	NTED PR	EMISES (each occurre	ence)	\$					
		\$	PER OCCURRENCE	MEDICAL EXPE	NSE (Any	one person)	-	\$		TOTAL			
				EMPLOYEE BEN				\$					
								\$					
SCI	IEDULE	OF HAZARDS											
LOC	HAZ	CLASSIFICATION	CLASS	PREMIUM		EXPOSURE	TERR	RATE		PREMIUM			
#	#		CODE	BASIS				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS		
			(P) PAYROLL - PER \$1 (A) AREA - PER 1,000/5			(C) TOTAL COST - P (M) ADMISSIONS - F			(U) UNIT - P (T) OTHER	ER UNIT			
CL/	IMS MA	DE (Explain all "Yes" res	sponses)										
		ES" RESPONSES									Y/N		
1. P	ROPOSE	D RETROACTIVE DATE:											
2. E	NTRY DA	TE INTO UNINTERRUPTED C	CLAIMS MADE COV	'ERAGE:									
3. H	AS ANY F	PRODUCT, WORK, ACCIDENT	Γ, OR LOCATION B	EEN EXCLUDE	D, UNIN	SURED OR SELF-	INSURE	D FROM ANY	PREVIOUS C	OVERAGE?			

## EMPLOYEE BENEFITS LIABILITY

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS
2 NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS	AGENCY CUSTOMER ID:	
CONTRACTORS		

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES	(For all past or present operati	ons)						Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?								
O DO ANN ODERATIONS IN	OLUBE DI ACTINO OD LIT		0.000/5.14	TEDIALO				-
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?								
								-
3. DO ANY OPERATIONS INC	CLUDE EXCAVATION, TU	NNELING. UNDERGR	ROUND WOL	RK OR EAR	TH MOVING?			
	,							
4. DO YOUR SUBCONTRACT	TORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUR	RS?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WI	THOUT PROVIDING Y	YOU WITH A	CERTIFICA	ATE OF INSUR	ANCE?		
0 DOE0 ADDI IOANIT I EAGE	FOURDMENT TO OTHER	0 M/ITH 0D M/ITH0H3	- ODED 4 TO	-D00				
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	S WITH OR WITHOUT	OPERATO	KS?				
DESCRIBE THE TYPE OF WORK SI	JBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF V	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	_
		CONTRACTORS:		SUBC	ONTRACTED:	TIME STAFF:	TIME STAFF:	
PRODUCTS / COMPLET	ED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INT	ENDED USE	PRINCIPAL COMPONENTS	
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	MARKEI	LIFE	IIVI	LNDLD 03L	FRINCIPAL COMPONENTS	,
EXPLAIN ALL "YES" RESPONSES	(For all past or present produc	ts or operations) PLEA	SE ATTACH L	ITERATURE, B	ROCHURES, LAE	BELS, WARNINGS, ETC.		Y/N
DOES APPLICANT INSTA				<u> </u>	<u> </u>	<u> </u>		
1. DOES AFFEICANT INSTA	LE, SERVICE OR DEMON	STRAIL FRODUCTS	) <u>:</u>					
2. FOREIGN PRODUCTS SC	OLD DISTRIBUTED USER	AS COMPONENTS?	(If "YES" a	attach ACOR	PD 815)			
								+
3. RESEARCH AND DEVELO	DEMIENT CONDUCTED OF	R NEW PRODUCTS P	LAININED!					
4. GUARANTEES, WARRAN	TIES. HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU	ISTRY?						
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						
7	COLD OD DE DACKACE	NUNDED ADDITIONAL	ELADELO.					
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGEL	UNDER APPLICAN	LABEL?					
8. PRODUCTS UNDER LAB	FL OF OTHERS?							
I THE STATE OF THE PARTY OF THE								
9. VENDORS COVERAGE R	EQUIRED?							
								[
10. DOES ANY NAMED INSUI	RED SELL TO OTHER NA	MED INSUREDS?						
İ								

## AGENCY CUSTOMER ID: \_\_\_\_\_\_\_ ACORD 45 attached for additional names

ΑĽ	DITIONAL INTEREST /	ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names									
INT	EREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE		INTEREST IN	ITEM NUMBER			
	ADDITIONAL INSURED						ATION:	BUILDING:			
	EMPLOYEE AS LESSOR					ITEM CLAS	I SS:	ITEM:			
	LIENHOLDER					ITEM	DESCRIPTION				
	LOSS PAYEE										
	MORTGAGEE										
		REFERENCE / LOAN #:									
	GENERAL INFORMATION										
	PLAIN ALL "YES" RESPONSES (	<u> </u>						Y/I	N		
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEI	DICAL PROFE	SSIONALS EM	IPLOYED OR CONTRACTED?				-		
									_		
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR	MATERIALS?								
								-	_		
									_		
3.	DO/HAVE PAST, PRESEN TRANSPORTING OF HAZ				D) STORING, TREATING, DISCHARGING, A	PPLYING, I	DISPOSING, OR	B			
	TRANSFORTING OF TIAZ	ANDOUG WATERIAL	: (e.g. iaridiliis,	wastes, ruer te	iins, 6to)						
									_		
	ANY OPERATIONS SOLD	ACCUIRED OF DIO	CONTINUED I	NI ACT ENTE	E) VEADC2				-		
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DIS	CONTINUED I	N LAST FIVE (	b) YEARS?				-		
									_		
_	MACHINERY OR EQUIPM	ENT LOANED OD DE	NITED TO OTL	JED63					-		
٥.	WACHINERY OR EQUIPM	LIVI LOANED ON NE	INIEDIOOII	ILIXO!							
									_		
_	ANY WATERCRAFT, DOC	KS ELOATS OWNER	HIRED OR I	EASED2					-		
0.	ANT WATERONAL I, DOC	NO, I LOATS OWNEL	D, TIINED ON E	LAGLD:							
									_		
7	ANY PARKING FACILITIES	S OWNED/RENTED?							$\dashv$		
l ′ ·	7441 1 74KKM CO 1 7KOILITILK	5 OWNLD/RENTED:									
									_		
8.	IS A FEE CHARGED FOR	PARKING?							-		
									_		
9.	RECREATION FACILITIES	PROVIDED?									
10.	IS THERE A SWIMMING P	OOL ON THE PREMI	ISES?						_		
11.	SPORTING OR SOCIAL E	VENTS SPONSORED	)?						╗		
L											
12.	ANY STRUCTURAL ALTE	RATIONS CONTEMP	LATED?						$\exists$		
13.	ANY DEMOLITION EXPOS	URE CONTEMPLATE	D?						-[		
									$\perp$		
14.	HAS APPLICANT BEEN A	CTIVE IN OR IS CUR	RENTLY ACTIV	/E IN JOINT V	ENTURES?				-		
									_		
									$\Box$		
15.	DO YOU LEASE EMPLOY	EES TO OR FROM O	THER EMPLO	YERS?					7		
									$\neg$		
									$\Box$		
l									- 1		

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/I
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	
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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANC STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)	IG AN
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.	UDING
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.	1A AC
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPAN ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH M A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.	S FOR

AGENCY CUSTOMER ID: \_\_\_

**GENERAL INFORMATION (continued)**