AC	ORD <sub>™</sub> CC			2ENI	ED /	<u> </u>	IIARIII	TV	SECT			DATE (MI	//DD/YY)
PRODUCER	PHONE	/ I V I I V I L I V	CIAL		LICANT	<u> </u>	- LIADILI		<u> </u>	ION			
	(A/C, No, Ext):			(First Name Insure	ed								
				EFF	ECTIVE D	ATE	EXPIRATION DATE		IRECT BILL	PA	YMENT PI	LAN	AUDIT
				FOR COMP	PANY								
CODE: AGENCY		SUB CODE:		USE	ONLY								
CUSTOMER				LIMITO									
COVERA	MERCIAL GENERAL LIAB	II ITV		GENERAL	AGGREG	ATE	-		\$			PREMIUN	46
	CLAIMS MADE	OCCURRENC	CE				TED OPERATIONS AGGI	REGATE	\$ \$		PRE	MISES/OPERAT	
	ER'S & CONTRACTOR'S F						SING INJURY		\$				
				EACH OCC	CURRENC	E			\$		PRO	DUCTS	
DEDUCTIBLE	ES			FIRE DAM	AGE (Any	one	e fire)		\$				
PROP	ERTY DAMAGE \$			MEDICAL I	EXPENSE	(An	y one person)		\$		отн	ER	
BODIL	Y INJURY \$		PER CLAIM PER	EMPLOYE	E BENEFI	TS			\$				
OTUED COV	\$ ERAGES, RESTRICTIONS	AND/OD ENDOD	OCCURRENCE					A	A00DD 4	07)	тот	AL	
SCHEDU	LE OF HAZARDS						T						
LOCATION	CL	ASSIFICATION		CLASS CODE			PREMIUM BASIS	TERR	R.A	ATE .		PREMIUM	
*				CODE	•		BASIS		PREM/OPS	PRODUCTS	PREI	W/OPS F	PRODUCTS
	l D <b>PREMIUM BASIS</b> SALES - PER \$1,000/SALE		PAYROLL - PER \$1, AREA - PER 1,000/S				(C) TOTAL COST - PE (M) ADMISSIONS - PE			(U) UNIT - (T) OTHER		Γ	
• •	MADE (Explain all					-	EMPLOYEE BENE						
	SED RETROACTIVE	•					I. DEDUCTIBLE PER						
2. ENTRY	DATE INTO UNINTER	RRUPTED CLAI	MS MADE COV:			2	2. NUMBER OF EMPI	LOYEES	i				
BEEN E	Y PRODUCT, WORK, XCLUDED, UNINSUR NY PREVIOUS COVE	ED OR SELF-IN	R LOCATION NSURED		YES NO		B. NUMBER OF EMPI		COVERED	BY EMPLOYE	E BENE	FITS PLANS:	
4. WAS TA	IL COVERAGE PURC US POLICY?		R ANY										
REMARKS					1 1	F	REMARKS						

## **CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO
DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?			4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED \$ PAID TO SUB- CONTRACTORS:	'		% OF WORK #FULL- #PART- SUBCONTRACTED: TIME STAFF: TIME STAFF:		

## PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	INUAL GROSS SALES # OF UNITS		ME IN RKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONE	NTS	
	ALL "YES" RESPONSES (For any past or present product or operation)								
EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)			YES	NO E	EXPLAIN ALL	"YES" RESPONSES (For any past or presen	nt product or operation)	YES	NO
1. DOES APPLICANT INSTALL	_, SERVICE OR DEMON	STRATE PRODUCTS?			6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?				
2. FOREIGN PRODUCTS SOL	D, DISTRIBUTED, USED	AS COMPONENTS?			7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER				
3. RESEARCH AND DEVELOR	PMENT CONDUCTED OF	RNEW			APPLICA	ANT LABEL?			
PRODUCTS PLANNED?				8. PRODUC	CTS UNDER LABEL OF OTHERS?				
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					9. VENDOR	RS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO A	5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			1	10. DOES A	NY NAMED INSURED SELL TO OTH	ER NAMED INSUREDS?		
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC				•					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT			ACORD 45 attached for additional names							
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER		
	ADDITIONAL	INSURED					LOCATION:	BUILDING:		
	LOSS PAYER	E					VEHICLE:	BOAT:		
	MORTGAGE	E					SCHEDULED ITEM NUM	BER:		
	LIENHOLDEI	R					OTHER			
	EMPLOYEE A	AS LESSOR								
			ITEM DESCRIPTION:							

## **GENERAL INFORMATION**

YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO		
		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				
		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?				
		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
		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 YEARS?				
		19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY				
		POLICY IN EFFECT?				
		20 DOES THE BUSINESSES! DROMOTIONAL LITERATURE MAKE				
		ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY				
		OF THE PREMISES?				
	YES	YES NO	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?  13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?  15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  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 YEARS?  19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?  20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?  13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?  15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  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 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		

REMARKS