

d) Provide details of contracts whereby you indemnify, hold harmless or release another party,. Please attach a attach sample contract:

PRODUCTS

14. a) Do you manufacture, install service or demonstrate products:

Yes No

If Yes, explain:

b) Provide details of research & development conducted or new products planned:

c) Do you provide guarantees or warranties for products: Yes No

d) Has any product been recalled or discontinued in the past 5 years: Yes No

If yes, explain or describe:

ENVIRONMENT

15. a) Give age of storage tanks, numbers & size, contents, construction, whether above or below ground and when last surveyed:

b) Do operations involved storing, treating, disposing or transporting hazardous or waste materials? Yes No

c) Are transporters, handlers, or disposal companies EPA certified and properly insured? Yes No

d) Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, from locations owned or operated by you, into the environment? Yes No
If YES please attach a separate sheet describing incident in detail.

BUILDING DETAILS

16. See please attached supplement and complete for each building or yard or structure that you conduct operations out of.

GENERAL

17. a) Are you a subscriber to workers compensation statutes: Yes No

b) Have you or any predecessor filed for bankruptcy protection in the past 5 years:
Yes No

c) Do you conduct any blasting: Yes No explosives: Yes No

:

GENERAL continued...

17. d) Do you use any mobile equipment: Yes No
If yes, please describe

e) Do you lease equipment to others: Yes No
If yes, please describe leasing arrangement or attach applicable contracts.

f) Give details of medical facilities or services provided:

g) Is there a formal safety program in operation: Yes No
If yes, please describe:

h) Other comments on safety procedures:

INSURANCE HISTORY

18. a) Carrier:
b) Policy Number:
c) Term:
d) Do you currently have any other CGL policies in force for other operations NOT described above?:
If Yes please describe briefly these operations:

And provide Carrier and Policy No.:

LOSS HISTORY

19. a. Please list all losses or incidents that have occurred in the past five years (if none please state none):

b. Have you been involved in any major losses at anytime? If so, please provide details:

COVERAGES REQUESTED	LIMIT OF LIABILITY REQUESTED
Marine Liability (specify):	
Commercial General Liability	
Bodily Injury and Property Damage Liability	
Products Completed Operations (Aggregate Limit)	
Personal Liability	
Medical Payments	
Tenants' Legal Liability	
Advertising Liability	
Employee Benefits Liability	
Non-owned automobile Liability	
Pollution Liability (Aggregate Limit)	
Additional Coverages Requested: Deductible Requested:	

By signing this building/location supplement you declare that all information contained herein is accurate and true to the best of your knowledge and understand that non-disclosure or misrepresentation of a material fact may entitle us to void the insurance. By signing this application you also grant permission for us or the broker or their representative to verify that the above information contained in this application is true.

Signature of Applicant: _____

Agency Name and Address: _____

Signature of Broker or agent: _____