



This is an indication only and subject to inspection and carrier approval of your application and rating

Commercial General Liability

Agency Name:		Agent code#:
From:	Email Address:	
Phone:	Fax:	
Name Insured:	DBA (if any):	
Mailing Address:	Phone:	
City:	Zip:	
Physical Address:		
City:	Zip:	
Previous Carrier:		
Canceled or Non-Renewed (reason):		
Losses (if any):		

Business of Insured

<small>If your insured is not a contractor, complete this section first and skip the Contractors section.</small>		
New Venture:	Yes No	Years in Business/Experience:
Describe Operations:		
Prior Experience:		
Number of Active Officers, Partners:	Employee Annual Payroll(not including owners or clerical):	
Annual Gross Sales:		
Insured Subcontractors Annual Cost:	Uninsured Subcontractors Annual Cost:	
Square Footage (if applicable):		
Liability Limit:		
Waivers of Subrogation (how many):		
Additional Insured (how many):		

Contractors

<small>If your insured is a contractor, complete this section before completing the Business of Insured section, then only complete the fields in the Business of insured section that were not already completed in the Contractors section.</small>		% Commercial	% Residential	% of Operations Sub-Contracted
Subs (if any) cost of hire \$		GL Cert required from subs		Yes No
# Addt'l Insureds		# Waiver of Subrogation		
or		or		
Blanket Addt'l Insured		Blanket Waiver of Subrogation		
Additional Insured Completed Ops (CG 2037)		If so, how many		

Limits: General Aggregate \$	Prod/Comp Ops Aggregate \$	Personal/Adv Injury \$
Each Occurrence \$	Damage to Rented Premises \$	Medical Expenses \$

Other special coverage requirements:

Comments (enter below)
