

Chris-Leef General Agency, Inc.
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COMMERCIAL GENERAL LIABILITY APPLICATION

Applicant's Name: _____ Agent _____

Applicant Mailing Address: _____ Inspection Contact: _____
_____ Phone Number for Inspection contact.- _____

Proposed Policy Period: _____ to: _____ Web Address _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER _____

UNDERWRITING

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

State nature of your business / Description of operations / Occupancy by location: _____

LIMITS - GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____

PERSONAL & ADVERTISING INJURY: _____

EACH OCCURRENCE: _____

FIRE DAMAGE: _____

MEDICAL PAYMENTS: _____

SCHEDULE OF HAZARDS

Loc. #	DESCRIPTION	CLASS CODE	PREMIUM BASIS	TERRITORY	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	%
					<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	%
					<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	%

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Yes	No	EXPLAIN ALL "YES" RESPONSES	Yes	No
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	8. Any parking facilities owned or rented?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any operations sold, acquired, or discontinued in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	10. Participation in trade shows, exhibits or conventions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	11. Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any medical facilities provided, or doctors employed / contracted?	<input type="checkbox"/>	<input type="checkbox"/>	12. Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
6. Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	13. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material-, e.g., landfills, wastes, fuel tanks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	14. Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
			15. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
			16. Any watercraft, docks or floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

PRODUCTS/COMPLETED OPERATIONS

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

EXPLAIN ALL "YES" RESPONSES	Yes	No	EXPLAIN ALL "YES" RESPONSES	Yes	No
1. Does the applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>	6. Products recalled, discontinued or changed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	7. Products of others sold or re-packaged under applicant's label?	<input type="checkbox"/>	<input type="checkbox"/>
3. Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>	8. Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Guarantees, warranties or Hold Harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>	9. Vendors' coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
5. Products related to aircraft / space industry?	<input type="checkbox"/>	<input type="checkbox"/>	10. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES	Yes	No	EXPLAIN ALL "YES" RESPONSES	Yes	No
1. Does applicant draw plans, designs or specifications?	<input type="checkbox"/>	<input type="checkbox"/>	4. Do your subcontractors carry coverage or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any operations included blasting or utilize or store explosive materials?	<input type="checkbox"/>	<input type="checkbox"/>	5. Are certificates of insurance required from subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any operations include evacuation, tunneling, underground work or earth moving?	<input type="checkbox"/>	<input type="checkbox"/>	6. Does applicant lease equipment to others with or without operators?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED. ALSO, NUMBER OF FULL-TIME AND PART-TIME STAFF? _____

Any work current or past operations performed in California?

Yes No If yes, decline.

CONTRACTUAL LIABILITY

DESCRIBE ALL HOLD HARMLESS AGREEMENTS (DATES, CONTRACTING PARTY, COST):

(PLEASE ATTACH COPIES)

CERTIFICATE RECIPIENTS/ ADDITIONAL INTERESTS

NAME AND ADDRESS:	INTEREST	ADDL INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

Loss HISTORY (LAST THREE YEARS)

DATE OF Loss	TYPE OF Loss	DESCRIPTION OF Loss	AMOUNT PAID	RESERVE

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No If yes, please 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.

Witness Date Applicant's Signature

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.