**COMMERCIAL GENERAL LIABILITY APPLICATION/ SURVEY**

|  |
| --- |
| Broker:       |
| Name of Insured:       |
| Address of Insured:       |
| Principals:       |
| No. Of Years in Business:       | Licensed as: (applicable to contractors)       |
| Description of Operations:       |
| If new Company/ Operation- Describe work experience of the principals:       |
| Estimate Payroll: Note: If “Off Premises” operations are applicable, give amount and description:       |
| Percentage of construction work which is: a) Residential:      % b) Commercial:      % c) Industrial:      % |
| Work sublet? [ ]  Yes [ ]  No If yes: Amount $      Description:       |
| Are subs insured? [ ]  Yes [ ]  No If yes, what limit is requested?       Cert. of insured obtained? [ ]  Yes [ ]  No  |
| Estimated annual sales or receipts: $       If more than one operation/ product give $ or % breakdown per category:       |
| Are there any ‘Off premises’ welding or cutting operations? [ ]  Yes [ ]  No If yes, give ($ or %):       |
| Sales to U.S.A? [ ]  Yes [ ]  No If yes, Amount $       |
| Description:       |
| Area:      sq ft # of suites:       # of elevators:       Pool?       Sauna?        |
| Other hazards:       |
| Is there any Third Party Fire Property Damage exposure with respect to insured premises (ie: Adjacent Buildings, etc.) [ ]  Yes [ ]  No  |
| If yes, Describe:        |
| Previous Insurer:       Policy #:       Deductible:       |
| Claims experience: Describe all liability losses, paid or reserved over the past 3 years:       |
| Coverage: [ ]  Bound [ ]  Not Bound Effective Date:       Limit Required?       Deductible?       |
| Frills required:       |
| Has any Insurer cancelled, declined or refused to renew or issue insurance of the type applied for? [ ]  Yes [ ]  No  |
| If yes, give reason:       |

