**COMMERCIAL GENERAL LIABILITY APPLICATION/ SURVEY**

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| 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: | |

