

**APPLICATION FOR
COMMERCIAL GENERAL LIABILITY**
(This is an application for annual "per occurrence" coverage)

- A) Please answer all questions in ink, leaving no blank spaces. PLEASE PRINT OR TYPE
 B) The application must be signed and dated.
 C) When answering questions, please use a separate sheet of paper if space provided is insufficient.

APPLICANT INFORMATION:

1) (a) Name of Applicant/Organization to be insured: _____

Name of Contact Person (person completing application): _____

(b) Physical Address: _____

City: _____ State: _____ Zip Code: _____

Area Code/Phone Number: (____) _____ Fax Number: (____) _____

Email: _____ Website: _____

Mailing Address: _____

(c) Applicant is: Sole Proprietor Partnership Corporation Other: _____

(d) Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? _____

(e) Any operations sold, acquired, or discontinued in the last five years? Yes No

(f) Number of employees: Full-Time Staff _____ Part-Time Staff _____

(g) Financial Information:	Gross Income	Staff Payroll	Subcontractor Payroll
Past Twelve Months:	\$ _____	\$ _____	\$ _____
Estimate of Next Twelve Months	\$ _____	\$ _____	\$ _____

2) List Branch Offices and Addresses, if any: _____

3) Date Business was Established: _____

4) (a) Please provide a description of your activities below by showing the percentage of income derived from each and a brief description of each. Use a separate sheet of paper if necessary. (Attach any brochures or fliers, if available).

____ % Description: _____

____ % Description: _____

____ % Description: _____

____ % Description: _____

(b) Do you perform any activities off-shore or overseas? Yes No

If "yes", what are the activities performed and do you perform them on a seldom, occasional or regular basis? _____

PREVIOUS INSURANCE:

5) Please provide prior carrier information for the last three (3) years:

(a) Commercial General Liability

LIMITS:

<u>Expiration Date</u>	<u>Carrier</u>	<u>Policy Number</u>	<u>Policy Type</u>	<u>General Aggregate</u>	<u>Products Aggregate</u>	<u>Per Occurrence</u>	<u>Total Premium</u>
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(b) Professional Liability

<u>Expiration Date</u>	<u>Carrier</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Total Premium</u>
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(c) Any policy or coverage declined, cancelled or non-renewed during the prior three years? Yes No

If "yes", please explain: _____

LOSS HISTORY:

6) Have any claims or suits been made during the past five years against the Applicant. Yes No

If "yes", please provide full particulars, including date of occurrence, description of occurrence or claim, date of claim, amount paid, amount reserved, and claim status (open/closed): _____

Is Applicant aware of any circumstance which may result in a claim? Yes No

If "yes", please give details: _____

ADDITIONAL INSURED:

7) Please provide name and address of those requesting to be listed as Additional Insureds. **Attach copy of insurance section of contract, if applicable.**

GENERAL POLICY INFORMATION:

8) Policy Period Requested:

(a) Proposed Effective Date: _____

(b) Proposed Expiration Date: _____

9) Policy Limits Requested (Per Occurrence/General Aggregate):

NOTE: Policy Limits must be equal to the limits on your Professional Liability policy and can exceed those limits only if your Professional Liability limits are at the maximum amount available.

- \$100,000/\$100,000 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between myself and the Underwriters and shall be deemed a part thereof.

Name of Applicant: _____
(Print)

Signature: _____

Title: _____

Date: _____

This Proposal Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. Completion of this Proposal Form does not obligate the Applicant or the Insurer to complete this insurance.



"A Tradition of Innovation and Service."

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