

ASSE Commercial General Liability Insurance

(Application follows)

The coverage for which you are applying is an **Annual** policy. It is written on a "**Per Occurrence**" basis - i.e., it responds to claims arising from occurrences which take place during the policy period - regardless of when the claim is made.

If you wish to bind this coverage and your expiring General Liability policy was written on a "Claims Made" basis, you will need to contact that broker to find out what your options may be with regard to "tail" coverage for that policy. (Please note there is usually only a short time frame during which this "tail" coverage is available for purchase when the policy is expiring.)

The application attached becomes a part of your ASSE General Liability policy. Unless otherwise noted or advised, **coverage under the policy extends only to the activities you list** (unless changed by endorsement) - so it is very important you accurately and completely describe the work to be covered by this policy.

The ASSE General Liability policy excludes professional services – an essential part of your insurance coverage. Therefore, in order to bind any ASSE General Liability coverage, Underwriters require you also maintain the ASSE Professional Liability insurance in equal or greater limits. If you need information on the ASSE Professional Liability Insurance, please give our office a call.

It is preferable any subcontractors you use maintain their own professional and general liability insurance in limits at least equaling yours and name you as an additional insured under their policy. We do have an Additional Insured Form available which may be used to request additional insured status for your clients or subcontractors. That coverage is provided only to the extent that liability arises out of your conduct as the Named Insured.

Watch the wording of your client's contracts! The ASSE General Liability policy provides coverage only with respect to your work and to the extent the same liability would exist in the absence of a contract. It does not cover contractual indemnification requirements nor cover you for failure to maintain a client's insurance requirements. For this reason, it is especially important for you and/or your attorneys to review the contractual and indemnification section of your clients contracts to make sure you are aware of the liabilities you may be assuming and request changes as necessary.

This insurance policy provides only General Liability coverage. Thus for example, the General Liability policy will **not** provide coverage for the following:

- *Automobile Liability (Owned, Non-owned or Hired)
- *Workers Compensation
- *Employers Liability
- *Stop Gap Coverage
- *Professional Liability
- ***Your** Personal Business Property

Some of these coverages may be available to us through other markets in certain states. If you are in need of them, let us know. In closing, we are looking forward to working with you. If you have any questions about the application or the coverage, please feel free to give us a call.

APPLICATION FOR COMMERCIAL GENERAL LIABILITY
issued to
THE AMERICAN SOCIETY OF SAFETY ENGINEERS
and
SPECIFIED MEMBERS

(This is an application for annual "per occurrence" coverage)

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

APPLICANT INFORMATION:

- 1) (a) Name of Applicant/Organization to be insured: _____
Name of Contact Person (person completing application): _____
- (b) Area Code/Phone Number: (____) _____ Fax Number: (____) _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
Email Address: (____) _____ Website: (____) _____
- (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:
- | | <u>Gross Income</u> | <u>Staff Payroll</u> | <u>Subcontractor Payroll*</u> |
|---------------------------------|---------------------|----------------------|-------------------------------|
| Past twelve months: | \$ _____ | \$ _____ | \$ _____ |
| Estimate of next twelve months: | \$ _____ | \$ _____ | \$ _____ |
- (*Subcontractors are not covered unless added by endorsement)
- 2) (a) List Branch Offices and Addresses, if any: _____

- (b) Do you work from home or a dedicated office? _____
- 3) Date business was established: _____
- 4) (a) Please describe your Safety Consulting services below by showing the percentage of income derived from each and a brief description of each. (If your activities include "Training" not of the lecture variety, please provide full details).
- _____% Description: _____

_____% Description: _____

_____% Description: _____

_____% Description: _____

_____% Description: _____

(b) What percentage of the Applicants clients are in the following industries totaling 100%?

Chemical	_____ %	Metal & Mining	_____ %
Commercial & Private Industries	_____ %	Municipalities	_____ %
Construction	_____ %	Oil & Gas	_____ %
Hazardous Waste	_____ %	Railroad/Aviation/Aerospace	_____ %
Industrial	_____ %	Other (please specify below)	_____ %
Insurance Companies	_____ %		100%
Marine	_____ %		

(c) Do you produce written reports or articles for trade journals or literature for the public domain (other than specifically for your clients)? _____

(d) Do you perform any Safety Consulting activities off-shore or overseas? Yes No

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

(e) Does the Applicant perform Onsite Safety Surveys/Inspections? Yes No

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 as either an individual or as a Safety Consultant:

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 INSUREDS:

7) Please provide name and address of those requesting to be listed as Additional Insureds. **Attach copy of insurance and Indemnification 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: ASSE Professional Liability must be maintained through our office in order to bind the ASSE General Liability. If you wish to bind the \$2,000,000/\$2,000,000 limit on the General Liability, Underwriters will require the ASSE Professional Liability must be at \$1,000,000/\$2,000,000 limits.

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

10) Is the applicant a member of the American Society of Safety Engineers? Yes No

I hereby declare 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 this Proposal Form shall be the basis of the contract between myself and the Underwriters and shall be deemed a part thereof.

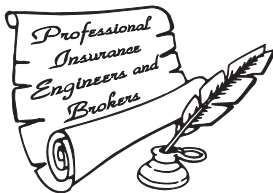
Name of Applicant: _____

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.



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