

**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:

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

Name of Contact Person (person completing application) (Mr. Ms. Dr.): _____

1b) Physical Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____ Website: _____

Mailing Address: _____

1c) Applicant is: Sole Proprietor Partnership Corporation Other: _____

1d) Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? _____

1e) Any operations sold, acquired, or discontinued in the last five years? Yes No

1f) Number of employees: Full-Time Staff _____ Part-Time Staff _____

1g) Financial Information:	Gross Income	Staff Payroll	Subcontractor Payroll *
Past Twelve Months:	\$ _____	\$ _____	\$ _____
Estimate of Next Twelve Months	\$ _____	\$ _____	\$ _____

(* Subcontractors are not covered unless added by endorsement.)

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

3) Date Business was Established: _____

4a) 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: _____

4b) 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:

5a) 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>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

5b) Professional Liability

<u>Expiration Date</u>	<u>Carrier</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Total Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5c) Has any similar insurance for the Applicant or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant ever been cancelled or declined or refused renewal? Yes No

If "yes", please give details:

LOSS HISTORY:

6a) Have any claims or suits been made during the past ten years against the Applicant, or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant? Yes No

If "yes", please provide full particulars: _____

6b) Upon inquiry of all personnel, is the Applicant, or any employee, manager or owner of the Applicant, aware of any circumstance, incident or situation, which may result in a claim? Yes No

If "yes", please give details:

6c) Have all claims and circumstances requiring a response in questions 6a) and 6b) already been reported to and accepted by a current or past Insurer? □ Yes □ No

If no, please give full details on a separate page.

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:

8a) Proposed Effective Date: _____

8b) 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.

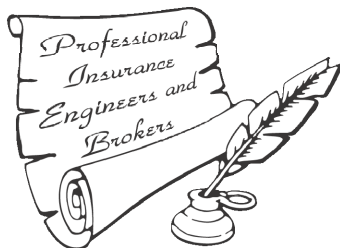
Name of Applicant: _____
(Print)

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.



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