

VANGUARD INSURANCE PLACEMENT, INC.

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COMMERCIAL GENERAL LIABILITY APPLICATION

APPLICANTS NAME _____

ADDRESS _____
STREET CITY STATE ZIP

LOCATION _____
(If different than mailing address)

NATURE OF BUSINESS / DESCRIPTION _____

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORP. [] OTHER _____

EFFECTIVE DATE REQUESTED _____ YEARS IN BUSINESS _____

General Aggregate Limit _____
Products – Completed Operation Aggregate Limit _____
Personal and Advertising Injury Limit _____
Each Occurrence Limit _____

ADDITIONAL COVERAGE _____

ADDT'L INSURED (IF NEEDED) AND INTEREST IN INSURED : _____

TOTAL GROSS SALES : _____ # EMPLOYEES : _____

IF LESSORS RISK, WHAT IS BLDG OCCUPIES AS : _____

ANY PORTION OF BUILDING VACANT, UNOCCUPIED OR SEASONAL ? [] YES [] NO

RESTAURANT / TAVERN / PARTY STORE/ BAR - SUPPLEMENTAL QUESTIONS

LIVE ENTERTAINMENT [] YES [] NO TYPE OF ENTERTAINMENT _____ KIND OF MUSIC _____

DANCING [] YES [] NO DANCE FLOOR SIZE: _____ ADULT ENTERTAINMENT: [] YES [] NO

TYPE OF OTHER ENTERTAINMENT: _____

ANY BOUNCER OR DOORMEN : [] YES [] NO MECHANICAL RIDES ? [] YES [] NO

ANY COOKING ? [] YES [] NO ANSUL SYSTEM WITH AUTOMATIC FUEL SHUT OFF ? [] YES [] NO

OF FIRE EXTINGUISHERS _____ BREAKDOWN OF LIQUOR SALES AND FOOD SALES : _____

LOSS & PREVIOUS COVERAGE HISTORY

PREVIOUS INSURANCE COMPANY _____ EVER BEEN CANCELED : _____

REASON FOR PREVIOUS CANCELLATION (IF ANY) : _____

DATE OF LOSS **DESCRIBE DETAILED LOSS** **PAID AMOUNT** **OPEN RESERVE**

APARTMENT - SUPPLEMENTAL QUESTIONS

NUMBER OF UNITS : _____ NUMBER OF UNITS OCCUPIED : _____

TYPE OF TENANTS : (student, working class, elderly eg.) _____

COOKING ALLOWED IN UNITS ? [] YES [] NO WORKING SMOKE DETECTORS IN EACH UNIT ? [] YES [] NO

OF STORIES : _____ MANAGER ON PREMISES ? [] YES [] NO

SECURITY AND TYPE ? : _____

SNOW AND ICE REMOVAL CONTRACTED OUT ? [] YES [] NO

(*Certificate of insurance required from all sub-contractors including snow/ice removal contractors)

LIABILITY SECTION FOR CONTRACTORS

DESCRIPTION OF OPERATIONS : _____

TOTAL GROSS RECEIPTS : _____ # OF EMPLOYEES : _____

YEARS EXPERIENCE IN THIS LINE OF BUSINESS : _____ DATE COVERAGE NEEDED BY : _____

IS ANY WORK SUB-CONTRACTED?: _____ IF SO, WHAT PERCENTAGE ? : _____

CERTIFICATES OF INSURANCE REQUIRED FROM ALL SUB-CONTRACTORS ? : _____

ADDITIONAL INSURED OR SUB-CONTRACTORS : _____

AGENT NAME , ADDRESS AND NUMBERS

BY SIGNING THIS APPLICATION YOU ARE STATING THAT ALL THE INFORMATION LISTED ABOVE IS TRUE INFORMATION

APPLICANTS SIGNATURE

DATE