

Please Fax to Hanlon Insurance:
973.556.1600

Application For General Liability

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____

2. Individual Corporation Partnership Other (Explain) _____

3. List full names of individuals or partners and their interests: _____

4. Location of premises/operations (If same as above, write "Same")
Street Address _____
City _____ State _____ Zip _____

5. Date Established: _____

6. Provide the following information. If no prior insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage Occurrence or Claims Made	# of Claims Each Year

7. Proposed Effective Date: _____ Proposed Exp. Date: _____

LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations) \$ _____
Products – Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person
Each Professional Incident Limit (if applicable) \$ _____

8. **Premises Exposures**

Construction of Building? _____ Number of Floors? _____
Age of Building? _____ Sprinklered? _____
What is the occupancy? _____ Area/Receipts? _____
What type of business is being conducted? _____
Is this a lessor's risk only? _____ Operation of Tenant? _____
Interest of the insured? _____
If a dwelling, has it ever been tested for lead paint? _____
(We exclude coverage for lead paint losses in dwelling)
Has premises ever been used as a gas station, fuel oil dealer or for dumping or disposal of any materials? _____
(We exclude coverage for all pollution losses)

9. **Operations Exposures**

Nature of Business _____

Description of Occupancy (Each location) _____

Is applicant a subsidiary of another entity or does the applicant have any subsidiaries? If yes, please describe. _____ Yes No

What operations are *not* to be insured or are *separately* insured under this proposal? _____

If lessor's risk only, does insured require lessee name lessor as additional insured? Yes No

10.

SCHEDULE OF GENERAL LIABILITY HAZARDS		
CI ASSIFICATION (Description of Operations)	CI ASS CODE	PRFMIIUM BASFS (Payroll, Sales, etc.)

11.

Contract Exposure

Does the applicant lease equipment to others with operators? Yes No

Do all subcontractors provide certificates of insurance? Yes No

What is the percentage of work subbed out? _____

Describe type of work subbed out or equipment leased: _____

Do operations include blasting or storage of explosives? Yes No

Do any subcontractors do blasting for you? Yes No

Do operations include earthmoving/excavation/underground or tunneling? Yes No

Do operations include removal of underground tanks? Yes No

(We exclude coverage for all pollution losses)

12.

Products / Completed Operations Exposure

Please explain all yes responses in Section 13.

Any guarantees or warranties? Yes No

Products of others sold or repacked under applicant's label? Yes No

Vendors coverage required? Yes No

Does applicant install, service or demonstrate products? Yes No

Research & development conducted or new products planned? Yes No

Products recalled, discontinued or changed? Yes No

Products under label of others? Yes No

Does named insured sell to other names insureds? Yes No

Any hold harmless agreements? Yes No

Does the insured manufacture any products? (If so, please describe) Yes No

13. _____

14. **SCHEDULE OF PRODUCTS / COMPLETED OPS EXPOSURES**

CLASSIFICATION (Description of Operations)	CLASS CODE	PREMIUM BASES (Annual Gross Sales/Receipts)

15. **General Information**

Inspection (Contact Name / Phone) _____
 Accounting Records (Contact Name / Phone) _____

- Any parking facilities owned/rented? Yes No
- Any watercraft, docks, or floats owned, hired or leased? Yes No
- Is there a swimming pool on the premises? Yes No
- Sporting or social events sponsored? Yes No
- Any demolition exposure contemplated? Yes No
- Do operations include storing, treating, discharging, use, disposing or transportation of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) Yes No
- Any exposure to radioactive/nuclear materials? Yes No

Describe all yes responses _____

16.

Additional Insureds	Interests	Do you require certificates?

17. If during the past four years you have presented any claims to your insurance carrier, please include description of claim, date of loss, amounts paid and reserves. (Use back of form if more space is needed) _____

Applicant's Signature: _____ Date: _____
 Title: _____ Producing Agent: _____