



# United States Liability Insurance Group

## Commercial Liability – Premises

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

#### GENERAL INFORMATION

1. Applicant \_\_\_\_\_
2. Address \_\_\_\_\_
3. Applicant's Phone No. for Inspection \_\_\_\_\_
4. Accountant's Name and Phone No. for Audit \_\_\_\_\_
5. Location(s) of Building(s) Premises to be insured \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. Is Applicant sole owner/operator? \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_
7. Is the named insured owned or controlled by any other Corporation, Limited Partnership or similar entity? \_\_\_\_\_  
 If yes, please supply the name and address of the other entity \_\_\_\_\_  
 \_\_\_\_\_
8. Describe all Applicant's Operations: \_\_\_\_\_  
 \_\_\_\_\_
9. Applicant's interest in Building/Premises?     Owner Lessee     Tenant     Other (Describe) \_\_\_\_\_  
 If premises leased, describe all tenants \_\_\_\_\_
10. How many years has Applicant owned or leased building/premises? \_\_\_\_\_ Number of years in current business? \_\_\_\_\_
11. Are premises or any portion thereof vacant?     Yes     No    If Yes, explain \_\_\_\_\_  
 \_\_\_\_\_
12. Does Applicant plan to renovate buildings during next 12 months, other than routine maintenance?     Yes     No  
 If Yes, describe \_\_\_\_\_
13. Does Applicant have any employees?     Yes     No    If Yes, does Applicant have Workers' Compensation Insurance?     Yes     No
14. Does Applicant hire Independent Contractors?     Yes     No    If Yes, describe operations and estimated cost of hire for each \_\_\_\_\_
15. Does Applicant secure certificates of Workers' Compensation and Liability Insurance from all Independent Contractors?     Yes     No    If No, will Applicant do so in the future? \_\_\_\_\_
16. Does Applicant issue Hold Harmless Agreements, Purchase Order Agreements or Assumption of Liability?     Yes     No  
 If Yes, attach a copy.
17. Does Applicant or any Tenant manufacture, sell or distribute any products to others?     Yes     No  
 If Yes, describe \_\_\_\_\_  
 \_\_\_\_\_
18. Does Applicant or Tenant maintain a pool, lake or bathing beach?     Yes     No    If Yes, describe, including security (fencing, lifeguards, etc.) \_\_\_\_\_  
 \_\_\_\_\_
19. Does Applicant or any Tenant handle, use or store any chemical, pollutant\* or waste\*?     Yes     No  
 If Yes, describe \_\_\_\_\_
20. Does the Applicant or any Tenant have underground storage tanks on the premises owned or leased?     Yes     No  
 If yes, describe \_\_\_\_\_
21. Is the Applicant aware of **prior** use, storage or manufacture of any chemical, pollutant\* or waste\* on premises owned or leased? \_\_\_\_\_  
 Yes     No    If Yes, describe \_\_\_\_\_

\*A Pollutant or waste means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, toxic chemicals or materials and waste. Waste includes, in addition to materials to be disposed of, materials to be recycled, reconditioned or reclaimed.

**PHYSICAL DESCRIPTION OF BUILDING(S)/PREMISES** (include or attach supplemental description of each building/premises)

22. Construction of Building is:  fire resistive \_\_\_\_\_%  masonry/block \_\_\_\_\_%  frame or brick veneer \_\_\_\_\_%
23. **Year Built?** \_\_\_\_\_ **No. of Stories?** \_\_\_\_\_ **Total floor area?** \_\_\_\_\_ **No. of Exits?** \_\_\_\_\_ **No. Elevators?** \_\_\_\_\_  
**No. Of Apartments?** \_\_\_\_\_ **No. of Families?** \_\_\_\_\_ **Are annual leases required?** \_\_\_\_\_ **Parking Area?** \_\_\_\_\_
24. Is building equipped with Smoke Alarms?  Yes  No **If Yes, estimate percentage** \_\_\_\_\_%  
 Is alarm sounded,  Locally, or  Central Station
25. Is building equipped with Sprinkler System?  Yes  No **If Yes, estimate percentage** \_\_\_\_\_%
26. Is the heat provided by gas or kerosene space heaters?  Yes  No **If Yes, are they vented to the outside?** \_\_\_\_\_
27. Was building originally constructed for its present use?  Yes  No **If No, explain** \_\_\_\_\_

**HISTORY**

28. Name of Previous insurer \_\_\_\_\_ Limits \_\_\_\_\_ Premium \_\_\_\_\_
29. Has Previous insurer (1) Refused to Renew or (2) Cancelled Coverage?  Yes  No (If Yes, state why) \_\_\_\_\_
30. Loss Experience Past Five Years (By Year) \_\_\_\_\_

**COVERAGE AND PREMIUM**

31. Policy Period: From \_\_\_\_\_ To \_\_\_\_\_
32. Limits of insurance - Commercial General Liability  
 Each Occurrence Limit ..... \$ \_\_\_\_\_ Personal and Advertising Injury Limit ..... \$ \_\_\_\_\_  
 Medical Expense Limit (any one person) .\$. \_\_\_\_\_ Products/Completed Operations Aggregate Limit ..... \$ \_\_\_\_\_  
 Fire Damage Limit (any one fire) ..... \$ \_\_\_\_\_ General Aggregate Limit (other than Products/Completed Operations) \$ \_\_\_\_\_
33. Exclusions/Limitation Endorsements  
 Products/Completed Operations  Medical Payments  Personal and Advertising Injury  
 Contractual Liability Limitation  Fire Damage Legal Liability  Absolute Pollution Exclusion\*  
 Other \_\_\_\_\_  
*\*Insurance issued pursuant to this application will exclude pollution however caused and whenever happening.*

**34. PREMIUM COMPUTATION**

Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/CO	All Other	Pr/CO	All Other
			\$		\$	

35. Deductible \$ \_\_\_\_\_ (c) total cost (a) area (m) Admissions (P) Payroll (u) Units (s) gross sales

**SIGNATURE**

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S WARRANTY STATEMENT. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_

The State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.  
 Name of Authorized Agent or Broker \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mail Completed Application  
 Through Local Agent or  
 Broker To: