

Commercial General Liability Supplemental Questionnaire

CLIENT: _____

DO YOU CURRENTLY HAVE A COMMERCIAL GENERAL LIABILITY POLICY WITH THIS OR ANY OTHER COMPANY THAT YOU HAVE SOME TYPE OF OWNERSHIP IN? YES NO

Current Carrier: _____ Current policy number: _____
 Current Policy Expires: _____ Current Agent: _____

CONTRACTORS: (PLEASE EXPLAIN ALL YES QUESTIONS IN BELOW REMARKS AREA)

- 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? Yes No
- 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? Yes No
- 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? Yes No
- 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? Yes No
- 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? Yes No
- 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? Yes No

REMARKS:
 \$ PAID TO SUBS: _____ % WORK PERFORMED BY SUBS: _____% F/T STAFF: _____ P/T STAFF: _____

PRODUCTS/COMPLETED OPERATIONS: (ATTACH LIST OF PRODUCTS USING THE FORMAT BELOW)

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
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(PLEASE EXPLAIN ALL YES QUESTIONS IN BELOW REMARKS AREA)

- 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? Yes No
- 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? Yes No
- 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? Yes No
- 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? Yes No
- 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? Yes No
- 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? Yes No
- 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? Yes No
- 8. PRODUCTS UNDER LABEL OF OTHERS? Yes No
- 9. VENDORS COVERAGE REQUIRED? Yes No
- 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED? Yes No

REMARKS:

GENERAL INFORMATION: (PLEASE EXPLAIN ALL YES QUESTIONS IN BELOW REMARKS AREA)

- 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? __ Yes __ No
- 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? __ Yes __ No
- 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) __ Yes __ No
- 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS? __ Yes __ No
- 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? __ Yes __ No
- 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? __ Yes __ No
- 7. ANY PARKING FACILITIES OWNED/RENTED? __ Yes __ No
- 8. IS A FEE CHARGED FOR PARKING? __ Yes __ No
- 9. RECREATION FACILITIES PROVIDED? __ Yes __ No
- 10. IS THERE A SWIMMING POOL ON THE PREMISES? __ Yes __ No
- 11. SPORTING OR SOCIAL EVENTS SPONSORED? __ Yes __ No
- 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? __ Yes __ No
- 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? __ Yes __ No
- 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? __ Yes __ No
- 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? __ Yes __ No
- 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? __ Yes __ No
- 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? __ Yes __ No
- 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS? __ Yes __ No
- 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? __ Yes __ No
- 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? __ Yes __ No

REMARKS:

Requested Limits of Liability (Per occurrence / General Aggregate):

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|---------------------------|---------------------------|-------------------------------|
| ___ Required by State Law | ___ \$300,000 / \$300,000 | ___ \$500,000 / \$1,000,000 |
| ___ \$100,000 / \$100,000 | ___ \$300,000 / \$600,000 | ___ \$1,000,000 / \$1,000,000 |
| ___ \$100,000 / \$200,000 | ___ \$500,000 / \$500,000 | ___ \$1,000,000 / \$2,000,000 |
| ___ Other _____ | | |

SCHEDULE OF HAZARDS (COMPLETED BY OUR OFFICE)

ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS (ATTACH LIST, ACORD 45)

NATURE OF BUSINESS OPERATIONS:
