

IJU Agency Ltd.

General / Excess Liability Form

(Please fill out to the best of your ability.)

Part I: Applicant Information

Name Insured: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Website: _____

Type of Business (LLC, Sole Proprietorship, Corporation): _____

Years in Business: _____ Location of Operations: _____

Annual Gross Receipts: _____ Annual Payroll: _____

Description of Operations:

Part II: Insurance History

Previous Carrier: _____ Previous Carrier: _____

Policy Number: _____ Premium \$: _____ Effective Dates: _____

Describe any losses greater than \$10,000 in the past 5 years for the primary coverages this policy will provide extra protection for:

Year	Incurred Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	
	\$	

Part III: Underlying Schedule

Type of Insurance	Underlying Carrier	Policy #	Effective Dates	Limits of Liability	Premium
General Liability <ul style="list-style-type: none"> ○ ISO Form ○ Manuscript Form 	A.M. Best Rating:			General Aggregate: \$ Products Aggregate: \$ Personal & Advertising Injury: \$ Occurrence: \$ Damage to Premises Rented: \$ Medical Payments: \$	\$
<ul style="list-style-type: none"> ○ Auto Liability 	A. M. Best Rating:			<ul style="list-style-type: none"> ○ C.S.L.: \$ ○ Split Limits: \$ /\$ /\$ 	\$
<ul style="list-style-type: none"> ○ Employers Liability 	A.M. Best Rating:			Bodily Injury by Accident (each accident): \$ Bodily Injury by Disease (policy limit): \$ Bodily Injury by Disease (each employee): \$	\$
Professional Liability <ul style="list-style-type: none"> ○ Occurrence Form ○ Claims Made Form 	A.M. Best Rating:			Occurrence: \$ Aggregate: \$	

If the policy is not concurrent with underlying coverages or is being marketed mid-term, please provide details:

Part III: General Liability Information

Habitation Information: Please leave blank if not applicable. Please provide the Classification(s) for the Underlying General Liability Policy.

Class Code	Classification	Underlying Premium
		\$
		\$
		\$
		\$
		\$
		\$

Total Number of Unites: _____ Total Number of Stories: _____

Any aluminum wiring: _____ Is all the wiring connected to the circuit breaker: _____

Are all the units and common areas equipped with smoke detectors and fire extinguishers: _____

If the building is three or more stories, does the building have a fire escape or fire tower: _____

If the building has seven or more stories, is the building 100% sprinklered: _____

Percentage of student renters: _____% Percentage of residents over 55 years old: _____%

Swimming Pools:

Number of Pools: _____ Diving Boards: _____ Rules Posted Clearly: _____

Depths Marked Clearly: _____ Self-closing/locking mechanism to the entrance of the pool: _____

Life saving equipment within pool area: _____

Bars / Taverns / Restaurant Information:

Total Receipts: \$ _____ Total Food Receipts: \$ _____ Alcohol Receipts: \$ _____

Other (Please Describe): \$ _____

Is there entertainment, if so, how often: _____

Is the electrical system connected to the circuit breakers: _____

What kind of wiring does the electrical system have (aluminum, knob, tube): _____

Do you have or sponsor "teen" or "under 21" nights, or permit patrons under the age of 21 in the bar after 10 p.m.: _____

Are there firearms kept or permitted on premises or are off-duty police officers or armed guards employed? _____

Is there a secondary means for egress provided for each floor (including the basement) have public access: _____

Are there smoke and/or heat detectors used in all public areas and, if building owner, all habitation units: _____

Is there a swimming pool or beach on premises that the business owner is responsible for: _____

Does the business have any of the following exposures: moon bounces, trampolines, rock walls, mechanical rides, pyrotechnics, mechanical bull, or foam machines: _____

Are there other occupancies in the building, are all the deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System): _____

What is the average age of consumers: _____

Auto Liability Information:

Are there hired and non-owned auto provided by the underlying: _____

Are any people driving the vehicles under 21: _____

Does any vehicle travel more than an average daily radius of 200 miles: _____

Does the business own any trucks, extra heavy trucks, truck tractors, livery units, or tow trucks (please list total # and model):

Are any vehicles authorized to transport:

- Corrosive, Explosive, Flammable (Fuel), or Radioactive Material: _____
- Refuse, Waste, Trash (Including Recyclables): _____
- Livestock: _____

Are the records for the motor vehicles reviewed at least once every three years: _____

For any driver over the age of 69, is a Statement of Fitness required to be signed by a physician: _____

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Submitted By: _____

Signature: _____

Date: _____