### Commercial General Liability Section

#### Effective Date: [Date]

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limit</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Owner's &amp; Contractor's Protective</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

#### Deductibles

- Property Damage: $ [Per Claim Per Occurrence]
- Bodily Injury: $ [Per Claim]
- Employee Benefits: $ [Per Occurrence]

#### Other Coverages, Restrictions and/or Endorsements

For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137.

### Schedule of Hazards

<table>
<thead>
<tr>
<th>Loc #</th>
<th>Haz #</th>
<th>Classification</th>
<th>Class Code</th>
<th>Premium Basis</th>
<th>Exposure</th>
<th>Terr</th>
</tr>
</thead>
</table>

#### Rating and Premium Basis

- (S) Gross Sales: $1,000/Sales
- (P) Payroll: $1,000/Pay
- (A) Area: 1,000/SQ FT
- (C) Total Cost: $1,000/Cost
- (M) Admissions: 1,000/ADM
- (U) Unit: Unit

### Claims Made

**Explain all "Yes" responses**

1. Proposed Retroactive Date: [Y/N]
2. Entry Date into Uninterrupted Claims Made Coverage
3. Has Any Product, Work, Accident, or Location Been Excluded, Uninsured or Self-Insured from Any Previous Coverage? [ ]
4. Was Tail Coverage Purchased Under Any Previous Policy? [ ]

### Employee Benefits Liability

1. Deductible Per Claim: $ [Per Claim]
2. Number of Employees: [Number]
3. Number of Employees Covered by Employee Benefits Plans: [Number]
4. Retroactive Date: [Date]

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CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?

2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?

3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?

4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?

6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

DESCRIBE THE TYPE OF WORK SUBCONTRACTED

<table>
<thead>
<tr>
<th>DESCRIBE THE TYPE OF WORK SUBCONTRACTED</th>
<th>% PAID TO SUB-CONTRACTORS</th>
<th>% OF WORK SUBCONTRACTED</th>
<th># FULL-TIME STAFF</th>
<th># PART-TIME STAFF</th>
</tr>
</thead>
</table>

PRODUCTS/COMPLETED OPERATIONS

<table>
<thead>
<tr>
<th>PRODUCTS/COMPLETED OPERATIONS</th>
<th>ANNUAL GROSS SALES</th>
<th># OF UNITS</th>
<th>TIME IN MARKET</th>
<th>EXPECTED LIFE</th>
<th>INTENDED USE</th>
<th>PRINCIPAL COMPONENTS</th>
</tr>
</thead>
</table>

EXPLAIN ALL "YES" RESPONSES (For past or present operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?

2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)

3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?

4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?

5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?

6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?

7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

8. PRODUCTS UNDER LABEL OF OTHERS?

9. VENDORS COVERAGE REQUIRED?

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ACORD 126 (2007/05) ATTACH TO ACORD 125
**GENERAL INFORMATION**

**EXPLAIN ALL “YES” RESPONSES (For all past or present operations)**

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?  

2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?  

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)  

4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?  

5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?  

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?  

7. ANY PARKING FACILITIES OWNED/RENTED?  

8. IS A FEE CHARGED FOR PARKING?  

9. RECREATION FACILITIES PROVIDED?  

10. IS THERE A SWIMMING POOL ON THE PREMISES?  

11. SPORTING OR SOCIAL EVENTS SPONSORED?  

12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?  

13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  

14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?  

15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  

16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?
<table>
<thead>
<tr>
<th>EXPLAIN ALL “YES” RESPONSES (For all past or present operations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? Y / N</td>
</tr>
<tr>
<td>18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? Y / N</td>
</tr>
<tr>
<td>19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? Y / N</td>
</tr>
<tr>
<td>20. DOES THE BUSINESSES’ PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? Y / N</td>
</tr>
</tbody>
</table>

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.