70		COM	MERCIAL	. GENE	RA	L LIABII	LIT	Y SEC	CTION	DATE (N	IIVI/DD/YYYY)	
GENCY	4	PHONE A/C, No, Ext): FAX A/C, No):		APPLICANT (First Named Insured)	•							
				EFFECTIVE	DATE	EXPIRATION DATE		DIRECT BILL AGENCY BILL	PAYME	ENT PLAN	AUDIT	
ODE:		SUB CO	DE:	FOR COMPANY USE ONLY								
JSTOME OVER		<u> </u>		LIMITS								
COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCURRENCE				GENERAL AGGR	PREM	IUMS						
				PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$						PREMISES/OPERATIONS		
own	NER'S	& CONTRACTOR'S PROTECTIV	/E	PERSONAL & AD								
				EACH OCCURRE	NCE			\$		PRODUCTS		
DUCTIB	BLES			DAMAGE TO REM	NTED PRI	EMISES (each occurre	nce)	\$				
PRO	PERT	Y DAMAGE \$	DED	MEDICAL EXPEN	ISE (Any	one person)		\$		OTHER		
BODILY INJURY \$ PER CLAIM			EMPLOYEE BENE	EMPLOYEE BENEFITS \$						TOTAL		
		\$ GES, RESTRICTIONS AND/OR	PER OCCURRENCE							TOTAL		
SCHEDULE OF HAZARDS												
	AZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	ı	EXPOSURE	TERR	RATE		PREMI		
_								PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
GROSS	SALE	EMIUM BASIS S - PER \$1,000/SALES	(P) PAYROLL - PER \$1 (A) AREA - PER 1,000/			(C) TOTAL COST - PE (M) ADMISSIONS - PE			(U) UNIT - PE (T) OTHER	R UNIT		
		DE (Explain all "Yes" ES" RESPONSES	responses)								Υ/	
PROP	OSE	RETROACTIVE DATE:										
ENTR	Y DAT	TE INTO UNINTERRUPTE	D CLAIMS MADE COV	'ERAGE								
HAS A	ANY P	RODUCT, WORK, ACCIDE	ENT, OR LOCATION B	EEN EXCLUDED), UNIN	SURED OR SELF-II	NSURE	D FROM ANY	PREVIOUS CO	VERAGE?		
WAST	TAIL C	COVERAGE PURCHASED	UNDER ANY PREVIO	US POLICY?								
MPLO	YEE	BENEFITS LIABILITY										
		E PER CLAIM: \$			3. N	UMBER OF EMPLO	OYEES	COVERED BY	/ EMPLOYEE BE	NEFITS PLANS	S:	
. NUMBER OF EMPLOYEES:						4. RETROACTIVE DATE:						

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? \$ PAID TO SUB-CONTRACTORS: % OF WORK SUBCONTRACTED: DESCRIBE THE TYPE OF WORK SUBCONTRACTED PRODUCTS/COMPLETED OPERATIONS TIME IN MARKET EXPECTED LIFE **PRODUCTS ANNUAL GROSS SALES** # OF UNITS INTENDED USE PRINCIPAL COMPONENTS Y/N EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) 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?

ADDITIONAL	INTEREST/0	CERTIFICATE RECI	PIENT	ACORD 45 attached for	or additional names		
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	<u> </u>	CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
ADDITIONAL	INSURED					LOCATION:	BUILDING:
LOSS PAYEE MORTGAGEE				VEHICLE:	BOAT:		
						SCHEDULED ITEM NUM	BER:
LIENHOLDER						OTHER	
EMPLOYEE A	S LESSOR						
		ITEM DESCRIPTION:					
GENERAL IN	FORMATION	J					
		For all past or present oper					Y/N
ANY MEDIC	CAL FACILITIES	S PROVIDED OR MEDI	CAL PROFESSION	ONALS EMPLOYED OR CONT	TRACTED?		
2. ANY EXPO	SURE TO RAD	IOACTIVE/NUCLEAR N	MATERIALS?				
		IT OR DISCONTINUED ARDOUS MATERIAL?			TING, DISCHARGING, APPLYI	NG, DISPOSING, OR	
TRANSFOR	CTING OF TIAL	ANDOUS WATERIAL!	(e.g. landillis, was	sies, luei laliks, eloj			
4 ANY ODED	A LOS SIAOITA	ACOLUBED OF DICC	ONITINILIED IN I	ACT EIVE (E) VEADOO			
4. ANY OPER	ATIONS SOLD	, ACQUIRED, OR DISC	ONTINUED IN L	AST FIVE (5) YEARS?			
E MACHINED	V OD FOLIDM	ENT LOANED OR REN	TED TO OTHER	100			
5. WACHINER	Y OR EQUIPIN	ENT LOANED OR KEN	IIED IO OTHER	30 !			
6 ANVWATE	DCDAET DOC	KS, FLOATS OWNED,	LIDED OD I EAG	PED2			
O. ANT WATE	KCKAFI, DOC	NO, FLOATS OWNED,	HIRED OR LEAS	סבט!			
7 ANY PARKI	NG FACILITIES	S OWNED/RENTED?					
7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	NO 17 NOILITIES	o owned, nemed .					
8. IS A FEE CI	HARGED FOR	PARKING?					
9. RECREATION	ON FACILITIES	PROVIDED?					
10. IS THERE A	SWIMMING P	POOL ON THE PREMIS	ES?				
11. SPORTING	OR SOCIAL E	VENTS SPONSORED?					
12. ANY STRU	CTURAL ALTE	RATIONS CONTEMPLA	ATED?				
13. ANY DEMOI	LITION EXPOS	URE CONTEMPLATED)?				
14. HAS APPLI	CANT BEEN A	CTIVE IN OR IS CURRI	ENTLY ACTIVE I	N JOINT VENTURES?			
15. DO YOU LE	ASE EMPLOY	EES TO OR FROM OTI	HER EMPLOYER	RS?			
16. IS THERE A	LABOR INTE	RCHANGE WITH ANY (OTHER BUSINES	SS OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
REMARKS	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSI	IRANCE OF
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCE	ERNING 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 O'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.