



This is an indication only and subject to inspection and carrier approval of your application and rating

Start with this section of the form		Commercial General Liability	
Agency Name:		Agent code#:	
From:	Email Address:		
Phone:	Fax:		
Name Insured:		DBA (if any):	
Mailing Address:		Phone:	
City:		Zip:	
Physical Address:			
City:		Zip:	
Previous Carrier:			
Canceled or Non-Renewed (reason):			
Losses (if any):			
If your insured is not a contractor, complete this section first and skip the Contractors section.		Business of Insured	
New Venture:	Yes	No	Years in Business/Experience:
Describe Operations:			
Prior Experience:			
Number of Active Officers, Partners:		Employee Annual Payroll(not including owners or clerical):	
Annual Gross Sales:			
Insured Subcontractors Annual Cost:		Uninsured Subcontractors Annual Cost:	
Square Footage (if applicable):			
Liability Limit:			
Waivers of Subrogation (how many):			
Additional Insured (how many):			
If your insured is a contractor, complete this section before completing the Business of Insured section, then only complete the fields in the Business of insured section that were not already completed in the Contractors section.		Contractors	
% Commercial		% Residential	% of Operations Sub-Contracted
Subs (if any) cost of hire \$		GL Cert required from subs	Yes No
# Addt'l Insureds		# Waiver of Subrogation	
or		or	
Blanket Addt'l Insured		Blanket Waiver of Subrogation	
Additional Insured Completed Ops (CG 2037)		If so, how many	
Limits: General Aggregate \$		Prod/Comp Ops Aggregate \$	Personal/Adv Injury \$
Each Occurrence \$		Damage to Rented Premises \$	Medical Expenses \$
Other special coverage requirements:			
Comments (enter below)			