Master Index

Northland INSURANCE

GENERAL LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY INSURED.

Named Insured _____

(The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes – refer to policy wording.)

Mailing Address _____

Street City County State ZIP Code

Effective Date Desired _____ Term Desired _____

Applicant is: ❑ Individual ❑ Partnership ❑ Corporation ❑ LLC
❑ Trust ❑ Other (specify) _____

Contact Name _____ Title _____ Phone No. ( ) _____

Location of premises: ❑ Same as mailing address	Occupancy	Own	Lease
_____	_____	❑	❑
_____	_____	❑	❑
_____	_____	❑	❑

(List any additional on separate page)

DESCRIPTION OF OPERATIONS
Years in business_____ Years of experience in this field_____

PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE YEARS

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

❑ No ❑ Yes - If Yes, give name of company, date, and reason. _____

_____

GENERAL INFORMATION

	EXPLAIN ALL "YES" RESPONSES	YES	NO		EXPLAIN ALL "YES" RESPONSES	YES	NO
1.	Any operations sold, acquired, or discontinued in last 5 years?			5.	Are parking facilities in common areas free from defects and adequately lighted?		
2.	Any exposure to flammables, explosives, chemicals?			6.	Participation in trade shows, exhibits or conventions?		
3.	Machinery or equipment loaned or rented to others?			7.	Recreation facilities or equipment provided?		
				8.	Sporting or social events sponsored?		
4.	Do operations involve storing, treating, discharging, applying, disposing, or transporting of chemicals (e.g. fertilizer, LPG, gasoline, etc.)			9.	Is there a swimming pool or other water exposures on the premises?		
				10.	Any watercraft, docks, floats owned, hired, or leased?		

REMARKS:

SUBCONTRACTED WORK

EXPLAIN ALL "YES" RESPONSES	YES	NO
Do you subcontract work to others?		
a. Type of work _____		
b. Cost of subcontractor's/contract labor: $ _____		
c. Are subcontractors required to carry insurance? If yes, indicate coverages and limits:		
1. Comprehensive General Liability with Contractual_____		
2. Are you named as an additional insured?		
d. Are certificates of insurance required from subcontractors?		
e. Estimated number of subcontracted jobs in past 12 months?_____		

REMARKS:

PRODUCTS-COMPLETED OPERATIONS

PRODUCTS	ANNUAL SALES RECEIPTS	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

	EXPLAIN ALL "YES" RESPONSES	YES	NO		EXPLAIN ALL "YES" RESPONSES	YES	NO
1.	Does applicant install, service or demonstrate products?			4.	Products recalled, discontinued, changed?		
2.	Foreign products sold, distributed, used as components?			5.	Products of others sold or re-packaged under applicant label?		
				6.	Products under label of others?		
3.	Guarantees, warranties, hold harmless agreements?			7.	Vendors coverage required?		

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

REMARKS:

CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)

DESCRIBE ALL CONTRACTS AND/OR HOLD HARMLESS AGREEMENTS, WHETHER WRITTEN OR ORAL (dates, contracting parties, cost)

CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

	NAME & ADDRESS	INTEREST	ADD'L INSURED
1.			❑
2.			❑

COVERAGES/LIMITS		
❑ Premises Operations	$ _____	General Aggregate
❑ Products-Completed Operations	$ _____	Products/Completed Operations Aggregate
❑ Personal and Advertising Injury	$ _____	Personal and Advertising Injury
❑ Contractual Liability	$ _____	Each Occurrence
❑ Damage to Premises Rented to You	$ _____	Damage to Premises Rented to You
❑ Medical Payments	$ _____	Medical Payments

Annual payroll _____ Gross sales _____

# of employees _____ # of owners _____

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per $1,000 (p) per $1,000/pay (a) per 1,000 sq. ft. (c) per $1,000 cost (t) per unit			

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant | Title | Date

Producer to complete:

RISK INFORMATION
Do you know the applicant? ❑ Yes ❑ No If Yes, how long?_____
Do you have other insurance with the insured? ❑ Yes ❑ No If Yes, how many years?_____
Types: _____

Signature of Producing Agent | Date

Agent Name and Address