



Applicant Name: _____

1. Number of locations or branch offices including main office: _____

Do customers come onsite to any of these offices? Yes No

2. Do you design, manufacture or distribute any products? Yes No

If yes, describe: _____

3. Do you have any responsibility for site safety? Yes No

4. Do you sponsor any sporting or social events? Yes No

5. Do you have any responsibility for construction, erection, fabrication or installation? Yes No

6. During the past five (5) years, has any claim been made against the applicant or any director, officer, employee or partner for general liability?

Yes No

If yes, provide loss runs and details: _____

7. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone to which this insurance is being applied for? Yes No

If yes, provide details: _____

8. During the past five years, has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone to which the insurance is being applied for? Yes No

If yes, provide details: _____

The applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative. Further, the applicant declares that receipt of such report by the insurer's representative is a condition precedent to coverage.

I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

THE LIMITS OF LIABILITY STATED IN THIS POLICY INCLUDE THE COST OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The applicant hereby authorizes the company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the company deems important in the underwriting of the insurance applied for by this application.

Arkansas Residents: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

It is agreed that the signature to this form does not bind the company or the applicant to complete this insurance.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE.

Authorized signature

Date

Typed or printed name:

Title: