

Commercial General Liability Application

(This is an application for annual "per occurrence" coverage)

- A) Please answer all questions in ink, leaving no blank spaces. PLEASE PRINT OR TYPE
 B) The application must be signed and dated.
 C) When answering questions, please use a separate sheet of paper if space provided is insufficient.

APPLICANT INFORMATION:

1. (a) Applicant/Organization to be insured:

Contact Person:

(b) Physical Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

Cell Phone: _____ Email: _____

Mailing Address:

(c) Organization is: Sole Proprietor Partnership Corporation Others:

(d) Is the Applicant a subsidiary of another entity or does the applicant have any subsidiaries?

(e) Any operations sold, acquired, or discontinued in the last five years? Yes No

(f) Numbers of employees: Full-time Staff: _____ Part-time Staff: _____

(g) Financial Information: Gross Income Staff Payroll Subcontractor Payroll
 Past 12-months: \$ _____ \$ _____ \$ _____
 Estimate of Next 12-Months \$ _____ \$ _____ \$ _____

Note: Gross Income is the total of all receipts, invoices and/or billings (including subcontracted work) without any deductions of any kind.

2. List Branch Offices and Addresses, if any:

3. Date Business was established:

4. (a) Please list below the services provided, the corresponding percentage of annual gross revenue and sub-contracted revenue (for start-up, please provide an estimate of anticipated breakdown after the first year in business):

Services (Split of Services Provided)	Percentage of Annual Gross Revenue	Percentage Sub-contracted
Editing	%	%
Proofreading	%	%
Translating	%	%
Interpreting	%	%
Voice Over	%	%
Transcription	%	%
Editing of a Document translated by another	%	%
Others (enter below)	%	%
-	%	%
-	%	%
Define services under Others:		
Total: (must equal 100%)	%	%
Services (Split by discipline)	Percentage of Annual Gross Revenue	
Arts & Humanities	%	%
Business	%	%
Computers	%	%
Engineering	%	%
Industry & Technology	%	%
Law	%	%
Medicine	%	%

Science	%	%
Social Services	%	%
Others (enter below)	%	%
-	%	%
-	%	%
Define Services Under Others		
Total (must equal 100%)	%	%

PREVIOUS INSURANCE:

5. Please provide prior carrier information for the last three (3) years:

(a) Commercial General Liability:

Policy Information				Limits			Total Premium
Expiration Date	Carrier	Policy #	Policy Type	General Aggregate	Products Aggregate	Per Occurrence	

(b) Professional Liability:

Expiration Date	Carrier	Policy Number	Limits	Deductible	Total Premium

LOSS HISTORY:

6. (a) Have any claims or suits been made during the past five (5) years against the Applicant: Yes No

If yes, please provide full details:

Date of Claim	Date of Incident	Amount Paid	Reserves	Status (Open/Closed)	Claim Description

(b) Is Applicant aware of any circumstances which may result in a claim? Yes No

If yes, please provide details:

(c) Has any policy or coverage declined, cancelled or non-renewed during the prior five (5) year? Yes No

If yes, please provide details:

SUBCONTRACTORS/SUBCONSULTANTS:

7. Does Standard Contract with Subcontractors/Subconsultants/Independent Contractors contain the following:

(a) Hold harmless & Indemnification Clause in the Applicant’s favor? Yes No

(b) Detailed Scope of Services Clause/Section? Yes No

Please provide an explanation for any negative response:

ADDITIONAL INSUREDS:

8. Provide name and address of those requesting to be listed as Additional Insureds. Attach a copy of client contract.

a) Is Primary and non-contributory required by your client? Yes No

GENERAL POLICY INFORMATION:

9. Policy Period Requested:

Effective Date:

Expiration Date:

10. Policy Limits Requested (Per Occurrence/General Aggregate):

Note: Policy Limits must be equal to the limits on your Professional Liability policy and can exceed those limits only if your Professional Liability limits are at the maximum amount available.

\$1,000,000/\$1,000,000

\$1,000,000/\$2,000,000

STATEMENT OF AGREEMENT:

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me, other than as stated above, and agree that this Application Form shall be the basis of the contract between myself and the Underwriters and shall be deemed a part thereof.

Name of Applicant (print please):

Signature:

Date:

Title:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. Completion of the Application Form does not obligate the Applicant or the Insurer to complete this insurance.