



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

## General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent's Name \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No. \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total \$
Deductible	\$	

### APPLICANT/PREMISES/OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 2. Premises information (attach schedule if necessary):

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

3. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company  
 Nonprofit  Other (Specify): \_\_\_\_\_

### 4. Inspection/Audit:

Inspection (contact and phone): \_\_\_\_\_

Accounting records (contact and phone): \_\_\_\_\_

**5. Management:**

Number of years in operation: \_\_\_\_\_ If new operation, number of years related experience: \_\_\_\_\_

**6. Total number of employees:** \_\_\_\_\_

**GENERAL INFORMATION (Explain all "yes" responses.)**

- 1. Exposure to flammables, explosives or chemicals?.....  Yes  No
- 2. Exposure to asbestos? .....  Yes  No
- 3. Exposure to radioactive materials? .....  Yes  No
- 4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?.....  Yes  No
- 5. Sporting/social events sponsored? .....  Yes  No
- 6. Any watercraft, docks, floats owned, hired or leased?.....  Yes  No
- 7. Any operations sold, acquired or discontinued in last five years? .....  Yes  No
- 8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?.....  Yes  No
- 9. Machinery/equipment loaned/rented to others? .....  Yes  No
- 10. Swimming pool on premises?.....  Yes  No
- 11. Any parking facilities owned/rented? .....  Yes  No
- 12. Fee charged for parking? .....  Yes  No
- 13. Does applicant have Workers' Compensation coverage in force? .....  Yes  No
- 14. Does insured subcontract work? .....  Yes  No
- 15. Certificates of insurance required from all subcontractors? .....  Yes  No
- 16. Does the applicant lease employees?.....  Yes  No
- 17. Any demolition exposure contemplated? .....  Yes  No
- 18. Any structural alterations contemplated? .....  Yes  No
- 19. Recreational facilities provided? .....  Yes  No
- 20. Any policy or coverage declined, canceled or nonrenewed during last three years? (not applicable in Missouri) .....  Yes  No

If "yes," please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

	Year:	Year:	Year:	Year:	Year:
<b>Carrier</b>					
<b>Policy No.</b>					
<b>Total Premium</b>					

**LOSS HISTORY—FIVE YEAR PERIOD**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**ADDITIONAL INSURED INFORMATION**

Name	Address

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./ Ops.	Products/ Comp. Ops.	Prem./ Ops.	Products/ Comp. Ops.

**SCHEDULE RATING PLAN INFORMATION**

**1. Employee Section:**

Prior related experience required? .....  Yes  No  
 Background screening performed? .....  Yes  No

**2. Employee Training:**

Formal classroom training program in operation? .....  Yes  No  
 On-the-job training program established? .....  Yes  No

**3. Management:**

Number of years in operation: \_\_\_\_\_ If new operation, number of years related experience: \_\_\_\_\_

**4. Cooperation:**

Formal safety program in operation? .....  Yes  No  
 Medical facilities on premises? .....  Yes  No  
 Medical facilities accessible within 10 minutes? .....  Yes  No

**5. Location/Premises:**

Age of building: \_\_\_\_\_

If building is over 25 years old, has plumbing/wiring been updated in the past five years? .....  Yes  No

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only)*

IOWA LICENSED AGENT: \_\_\_\_\_

**IMPORTANT NOTICE**

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