

Commercial General Liability Application

MGL017M31K2
Version 3

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Gary Carpet Service

Form Of Business: Individual Corporation Partnership LLC Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: Monoline Liability Monoline Property Monoline Liquor Package

Policy Term: 3 Months 6 Months 9 Months Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? Yes No

If Yes, provide complete details: _____

What year did the business start? 1984

Loss Information for the past 3 years: None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: Not Applicable

Complete Name	Address	Interest

Description of Operations:

Carpet

Complete Description of work being performed for Additional Insured: _____

Estimated length of job: _____

Location of the job: _____

Has applicant ever operated under any other name or names? Yes No

a. If yes, what names(s)? _____

b. If yes, what was the reason for the change? _____

Applicant operates:

_____ % **General Contractor*** _____ % Contractor _____ % Construction Manager
 _____ % Architect/Engineer _____ % Real Estate Developer

* If work is performed as a General Contractor, I have attached three (3) years of recently valued carrier loss Yes No

Total number of employees (including owner and all leased employees): Full Time _____ Part Time _____

Indicate Percentage of work that is:

	New	Renovation		New	Renovation
Single Family	%	%	Office Building	%	%
2-4 Family	%	%	Mercantile Building	%	%
Apartments	%	%	Institutional Building	%	%
Condominiums	%	%	Industrial Building	%	%
Townhouses	%	%			

Describe the three largest jobs undertaken in the past 3 years or since company's inception if less than 3 years.

Description of work performed	Location (City, State)	Cost	Duration
1			
2			
3			

Does applicant perform any work in the following boroughs of New York - Bronx, Brooklyn, Manhattan, or Queens? Yes No

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO) Yes No

No allegation or claim involving construction defect True False

No demolition work (except incidental non-load bearing interior work) True False

No installation of overhead garage doors True False

No more than \$1,000,000 in annual gross receipts True False

No more than \$500,000 in annual payroll True False

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years. True False

No pollution abatement work True False

No rigging work or use of cranes True False

No risk involved in fire, water, soot, mold, asbestos or any other property damage remediation True False

No wood floor sanding or refinishing True False

No work involving Medical Facilities (other than doctor's offices), Surgical Facilities, Nursing Homes or Assisted Living Facilities during applicant's time in business or planned for our policy term True False

The applicant has never, and will not during our policy term be involved in projects (in any capacity) for the construction of new apartments, condominiums, townhomes or tract housing developments (more than 5 structures at any single location) True False

II. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	\$2,000,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

III. Locations of Coverage and Corresponding Classifications

Location #1

Address 202 Monmouth Ave **City** Atlantic Highlands **State** NJ **Zip** 07716
Years At Current Location: 34

Classification	Code No.	Premium Basis	Premium Exposure
Carpentry	91342	Payroll	20,000

Has the applicant been in business for more than 12 months with no prior coverage? Yes No

IV. Eligibility Criteria

Classification
Carpentry
No exterior operations on buildings over 4 stories or exterior work above 50 ft. from ground level <input type="checkbox"/> True <input type="checkbox"/> False
No past, present or future operations in Alaska, Colorado, Louisiana or West Virginia <input type="checkbox"/> True <input type="checkbox"/> False

V. Additional Eligibility Information

Has the applicant ever or will the applicant retain any work in any classifications other than those listed above? Yes No

Please place an "X" next to each classification representing any work you have done in the past or will perform in the

Classification	Classification	Classification	Classification
Street, Road Highway Construction	Tower Construction	Soil Stabilization	Insulation
Blasting or Explosion Hazard	Equipment Rental	Fire Restoration	Interior Demolition
Commercial Boiler Inspection Service Repair	Pollution Abatement	Underpinning Work	Exterior Plastering/Stucco
Race Track or Stadium Construction	Asbestos Abatement	Asphalt Works	Power Line or Pole Work
Bridge & Elevated Highway Construction	Tank Construction	Structural Demolition	Process Piping
Waste & Reclamation Facilities	Tunnel Construction	Power Line Work	Power Line Work
Cantilevered Construction	Wrap-up Construction	Pile Driving	Roofing
Pier or Wharf Construction	Railroad Construction	Drilling	Siding Installation
Power Generating Facilities	Boring Under Streets	Pipeline Construction	Steel (ornamental)
Sewer/Gas Main Construction	Airport Facilities	Excavating	Steel (structural)
Concrete (Foundations/Retaining Walls)	Subway Construction	Fireproofing	Earthquake
Underground Storage Tanks	Stevedoring	Handyman	Waterproofing

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Fraud Statement: 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____ Title: _____ (Required) Date: _____ (Required)
Brokers Signature: _____ (Must be Owner, Officer or Partner) _____ (Required) Date: _____ (Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act.* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



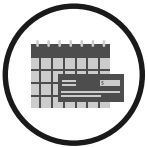
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

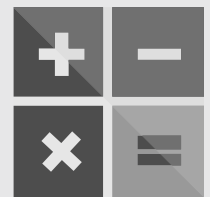


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!