

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Commercial General Liability App

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Requested Effective Date: _____

Applicant's Name:	For Office Use Only
Doing Business As (DBA):	SBM: _____
Address:	SBM: _____
City: State: Zip:	SBM: _____
Phone: Fax:	SBM: _____

PLEASE ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

1. Limits of Liability

Indicate the Limit of Liability requested: \$_____ each Occurrence \$_____ Aggregate

Indicate the limit for Products/Completed operations liability:
\$_____ each Occurrence \$_____ Aggregate

Other Coverages Requested: _____

2. Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

3. Number of years in business: _____ Number of Years in management in this type of business: _____

4. Describe all business operations conducted by applicant: _____

4. Premises Information:

Location #	Street, City, County, State, Zip Code	Interest (%)	Percentage Occupied (%)

5. Previous carrier and loss information (last three years)

Year	Insurance Carrier	Policy #	Premium	Date of Loss	Losses Paid	Description/Loss

Any policy or coverage declined, cancelled, or nonrenewed during the prior three years? Why? _____

Any other insurance with this company or being submitted? (Please list name(s) and/or policy number(s)): _____

6. Schedule of Hazards (Classifications)

Classification (example – retail store, roofing, drywall, etc.)

Classification _____	Sales \$ _____	Payroll \$ _____
Classification _____	Sales \$ _____	Payroll \$ _____
Classification _____	Sales \$ _____	Payroll \$ _____
Classification _____	Sales \$ _____	Payroll \$ _____
Classification _____	Sales \$ _____	Payroll \$ _____

7. General Information

1. Exposure to flammables, explosives, 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 the 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 Insured subcontract work? Yes No
14. Certificates of Insurance Required from all subcontractor? Yes No
15. Any demolition exposure contemplated? Yes No
16. Any structural alterations contemplated? Yes No
17. Recreational facilities provided? Yes No
18. Any policy or coverage declined, cancelled or nonrenewed during the last three 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.