



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
 04/27/2024

AGENCY Text3[0]	CARRIER Text6[0]	NAIC CODE Text7[0]
POLICY NUMBER Text4[0]	EFFECTIVE DATE 04/27/2024	APPLICANT / FIRST NAMED INSURED Robin W. Smith

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ \$12,345.67	PREMIUMS	
<input checked="" type="checkbox"/>	CLAIMS MADE	LIMIT APPLIES PER:		PREMISES/OPERATIONS	
<input checked="" type="checkbox"/>	OCCURRENCE	<input checked="" type="checkbox"/> POLICY	<input checked="" type="checkbox"/> LOCATION	Text24[0]	
<input checked="" type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	<input checked="" type="checkbox"/> PROJECT	<input checked="" type="checkbox"/> OTHER: Text15[0]	PRODUCTS	
<input checked="" type="checkbox"/>	Text9[0]	PRODUCTS & COMPLETED OPERATIONS AGGREGATE		Text25[0]	
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY		OTHER	
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$ \$12,345.67	\$ \$12,345.67	Text26[0]	
<input checked="" type="checkbox"/>	BODILY INJURY	\$ \$12,345.67	\$ \$12,345.67	TOTAL	
<input checked="" type="checkbox"/>	Text12[0]	\$ \$12,345.67	\$ \$12,345.67	Text27[0]	
		EMPLOYEE BENEFITS			
		Text22[0]		\$ \$12,345.67	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)					
Text28[0]					

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
Text30[0]	Text31[0]	Text32[0]	Text33[0]	Text34[0]	Text35[0]	Text36[0]	Text37[0]	Text38[0]	Text39[0]	
Text41[0]	Text42[0]	Text43[0]	Text44[0]	Text45[0]	Text46[0]	Text47[0]	Text48[0]	Text49[0]	Text50[0]	
Text52[0]	Text53[0]	Text54[0]	Text55[0]	Text56[0]	Text57[0]	Text58[0]	Text59[0]	Text60[0]	Text61[0]	
Text63[0]	Text64[0]	Text65[0]	Text66[0]	Text67[0]	Text68[0]	Text69[0]	Text70[0]	Text71[0]	Text72[0]	
Text74[0]	Text75[0]	Text76[0]	Text77[0]	Text78[0]	Text79[0]	Text80[0]	Text81[0]	Text82[0]	Text83[0]	
Text85[0]	Text86[0]	Text87[0]	Text88[0]	Text89[0]	Text90[0]	Text91[0]	Text92[0]	Text93[0]	Text94[0]	
Text96[0]	Text97[0]	Text98[0]	Text99[0]	Text100[0]	Text101[0]	Text102[0]	Text103[0]	Text104[0]	Text105[0]	
Text107[0]	Text108[0]	Text109[0]	Text110[0]	Text111[0]	Text112[0]	Text113[0]	Text114[0]	Text115[0]	Text116[0]	
Text118[0]	Text119[0]	Text120[0]	Text121[0]	Text122[0]	Text123[0]	Text124[0]	Text125[0]	Text126[0]	Text127[0]	
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (P) PAYROLL - PER \$1,000/PAY (M) ADMISSIONS - PER 1,000/ADM (T) OTHER										

CLAIMS MADE (Explain all "Yes" responses)		Y/N
EXPLAIN ALL "YES" RESPONSES		
1. PROPOSED RETROACTIVE DATE: 04/27/2024		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: Text129[0]		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	Text130[0]	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	Text132[0]	

EMPLOYEE BENEFITS LIABILITY	
1. DEDUCTIBLE PER CLAIM: \$ \$12,345.67	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS Text136[0]
2. NUMBER OF EMPLOYEES: Text135[0]	4. RETROACTIVE DATE: 04/27/2024

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? Text3[0]		Text2[0]
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? Text5[0]		Text4[0]
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? Text7[0]		Text6[0]
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? Text9[0]		Text8[0]
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? Text11[0]		Text10[0]
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? Text13[0]		Text12[0]
DESCRIBE THE TYPE OF WORK SUBCONTRACTED Text18[0]	\$ PAID TO SUB-CONTRACTORS: \$12,345.67	% OF WORK SUBCONTRACTED: 50.3% # FULL-TIME STAFF: Text16[0] # PART-TIME STAFF: Text17- [0]

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Text19[0]	\$12,345.67	Text21[0]	Text2-2[0]	Text2-3[0]	Text24[0]	Text25[0]
Text26[0]	\$12,345.67	Text28[0]	Text2-9[0]	Text3-0[0]	Text31[0]	Text32[0]
Text33[0]	\$12,345.67	Text35[0]	Text3-6[0]	Text3-7[0]	Text38[0]	Text39[0]

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? Text41[0]		Text40[0]
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		Text42[0]
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? Text44[0]		Text43[0]
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? Text46[0]		Text45[0]
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? Text48[0]		Text47[0]
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? Text50[0]		Text49[0]
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? Text52[0]		Text51[0]
8. PRODUCTS UNDER LABEL OF OTHERS? Text54[0]		Text53[0]
9. VENDORS COVERAGE REQUIRED? Text56[0]		Text55[0]
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? Text58[0]		Text57[0]

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> EMPLOYEE AS LESSOR <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Text2[0]	NAME AND ADDRESS RANK: <input checked="" type="checkbox"/> Text4[0] 123 Main St #234 Text7[0] San Francisco REFERENCE / LOAN #: Text12[0]	RANK: <input checked="" type="checkbox"/> EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE: <input checked="" type="checkbox"/> New 1	CA 94106 Text-11[0]	INTEREST IN ITEM NUMBER	
				LOCATION: Text-	BUILDING: Text1-
				ITEM CLASS: Text13500	ITEM: Text16[0]
				ITEM DESCRIPTION Text17[0]	
				Text17[0]	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? Text19[0]	Text18[0]
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? Text21[0]	Text20[0]
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) Text23[0]	Text22[0]
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? Text25[0]	Text24[0]
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? Text27[0]	Text26[0]
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? Text29[0]	Text28[0]
7. ANY PARKING FACILITIES OWNED/RENTED? Text31[0]	Text30[0]
8. IS A FEE CHARGED FOR PARKING? Text33[0]	Text32[0]
9. RECREATION FACILITIES PROVIDED? Text35[0]	Text34[0]
10. IS THERE A SWIMMING POOL ON THE PREMISES? Text37[0]	Text36[0]
11. SPORTING OR SOCIAL EVENTS SPONSORED? Text39[0]	Text38[0]
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? Text41[0]	Text40[0]
13. ANY DEMOLITION EXPOSURE CONTEMPLATED? Text43[0]	Text42[0]
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? Text45[0]	Text44[0]
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? Text47[0]	Text46[0]

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? Text3[0]	Text2[0]
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? Text5[0]	Text4[0]
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? Text7[0]	Text6[0]
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? Text9[0]	Text8[0]
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? Text11[0]	Text10[0]

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Text12[0]

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.