



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
 04/28/2025

AGENCY Agency Name		CARRIER Robin W. Smith		NAIC CODE Agency NAIC Code
POLICY NUMBER Agency Policy Number	EFFECTIVE DATE 04/28/2025	APPLICANT / FIRST NAMED INSURED Robin W. Smith		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 12,345.67		
<input checked="" type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	
OWNER'S & CONTRACTOR'S PROTECTIVE Coverages Type Other Description		PROJECT OTHER: Coverages General		PREMISES/OPERATIONS \$12,345.67	
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE		PRODUCTS	
<input checked="" type="checkbox"/> PROPERTY DAMAGE	\$ 12,345.67	PERSONAL & ADVERTISING INJURY		\$12,345.67	
<input type="checkbox"/> BODILY INJURY	\$ 12,345.67	EACH OCCURRENCE		\$ 12,345.67	
<input type="checkbox"/> Coverages	\$ 12,345.67	DAMAGE TO RENTED PREMISES (each occurrence)		\$ 12,345.67	
<input type="checkbox"/> Deductibles Type		MEDICAL EXPENSE (Any one person)		\$ 12,345.67	
<input type="checkbox"/> Other Description		EMPLOYEE BENEFITS		\$ 12,345.67	
		Limits Other		\$ 12,345.67	
				TOTAL \$12,345.67	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)  
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
Schedule of Hazards	Schedule of Hazards	Schedule of Hazards Class Code 1	Schedule of Hazards Premium Basis 1	Schedule of Hazards Exposure 1	Schedule of Hazards Territory 1	Schedule of Hazards Rate Premises 1	Schedule of Hazards Rate Products 1	Schedule of Hazards Premium Premises 1	Schedule of Hazards Premium Products 1
Schedule of Hazards	Schedule of Hazards	Schedule of Hazards Class Code 2	Schedule of Hazards Premium Basis 2	Schedule of Hazards Exposure 2	Schedule of Hazards Territory 2	Schedule of Hazards Rate Premises 2	Schedule of Hazards Rate Products 2	Schedule of Hazards Premium Premises 2	Schedule of Hazards Premium Products 2
Schedule of Hazards	Schedule of Hazards	Schedule of Hazards Class Code 3	Schedule of Hazards Premium Basis 3	Schedule of Hazards Exposure 3	Schedule of Hazards Territory 3	Schedule of Hazards Rate Premises 3	Schedule of Hazards Rate Products 3	Schedule of Hazards Premium Premises 3	Schedule of Hazards Premium Products 3
RATING AND PREMIUM BASIS			(P) PAYROLL - PER \$1,000/PAY	(A) AREA - PER 1,000/SQ FT	(C) TOTAL COST - PER \$1,000/COST	(M) ADMISSIONS - PER 1,000/ADM	(U) UNIT - PER UNIT	(T) OTHER	

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE: 04/28/2025	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 04/28/2025	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? Any Product Uninsured From Coverage Explanation	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? Tail Coverage Purchased Under Previous Policy Explanation	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$ 12,345.67	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 12,345
2. NUMBER OF EMPLOYEES: 12,345	4. RETROACTIVE DATE: 04/28/2025

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	Applicant Draw Plans, Designs, or Specifications Explanation	Applicant Draw Plans, Designs, or Specifications		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	Operations Include Blasting Explanation	Operations Include Blasting		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	Operations Include Excavation Explanation	Operations Include Excavation		
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	Subcontractors Carry Coverages or Limits Explanation	Subcontractors Carry Coverages or Limits		
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	Subcontractors Allowed to Work Without Providing With Certificate Explanation	Subcontractors Allowed to Work Without Providing With Certificate		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	Applicant Lease Equipment to Others Explanation	Applicant Lease Equipment to Others		
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS: \$12,345.67	% OF WORK SUBCONTRACTED: 50.3%	# FULL-TIME STAFF: 12345	# PART-TIME STAFF: 12345
Description of Type of Work Subcontracted				

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	Y / N
Completed Operations 1 Products	\$12,345.67	12,345	Completed	Completed	Completed Operations 1 Intended Use	Completed Operations 1 Principal Components	
Completed Operations 2 Products	\$12,345.67	12,345	Completed	Completed	Completed Operations 2 Intended Use	Completed Operations 2 Principal Components	
Completed Operations 3 Products	\$12,345.67	12,345	Completed	Completed	Completed Operations 3 Intended Use	Completed Operations 3 Principal Components	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	Applicant Install Products Explanation	Applicant Install Products	Time in Market	Expected Life			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	Foreign Products Sold As Components Explanation						
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	Research And Development Conducted Explanation						
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	Guarantees, Warranties, Hold Harmless Agreements Explanation						
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	Products Related to Aircraft Industry Explanation						
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	Products Recalled, Discontinued, Changed Explanation						
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	Products of Others Sold or Re-Packaged Under Applicant Label Explanation						
8. PRODUCTS UNDER LABEL OF OTHERS?	Products Under Label of Others Explanation						
9. VENDORS COVERAGE REQUIRED?	Vendors Coverage Required Explanation						
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	Any Named Insured Sell to Other Named Insured Explanation						

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**  **ACORD 45 attached for additional names**

<b>INTEREST</b> <input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b> <input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b> Additional Interest	<b>NAME AND ADDRESS</b> Robin W. Smith 123 Main St #234 San Francisco CA 94106	<b>RANK:</b> <input checked="" type="checkbox"/> <b>EVIDENCE:</b> <input checked="" type="checkbox"/>	<b>CERTIFICATE</b> Interest Certificate	<b>INTEREST IN ITEM NUMBER</b> <b>LOCATION:</b> Additi- <b>BUILDING:</b> Additio- <b>ITEM CLASS:</b> Additional <b>ITEM:</b> Additional <b>ITEM DESCRIPTION:</b> Interest Additional Interest Item Description Item Number Item Number Item Number
	<b>REFERENCE / LOAN #:</b> Additional Interest Reference Number			

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>		<b>Y / N</b>												
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? Medical Facilities Provided or Medical Professionals Employed Explanation		Medical Facilities Provided or Medical Professionals Employed												
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? Exposure to Radioactive Materials Explanation		Exposure to Radioactive Materials												
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) Past, Present or Discontinued Operations Involved Explanation		Past, Present or Discontinued Operations												
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? Operations Sold, Acquired, or Discontinued in Last Five Years Explanation		Operations Sold, Acquired, or Discontinued												
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		Machinery or Equipment Loaned or Rented												
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td>Machinery or Equipment Loaned or Rented to Others Explanation 1</td> <td><input checked="" type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td>Instructions Given 1</td> </tr> <tr> <td>Machinery or Equipment Loaned or Rented to Others Explanation 2</td> <td><input checked="" type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td>Instructions Given 2</td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	Machinery or Equipment Loaned or Rented to Others Explanation 1	<input checked="" type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	Instructions Given 1	Machinery or Equipment Loaned or Rented to Others Explanation 2	<input checked="" type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	Instructions Given 2		
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)											
Machinery or Equipment Loaned or Rented to Others Explanation 1	<input checked="" type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	Instructions Given 1											
Machinery or Equipment Loaned or Rented to Others Explanation 2	<input checked="" type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	Instructions Given 2											
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? Watercrafts, Docks, Floats Owned, Hired or Leased Explanation		Watercrafts, Docks, Floats Owned, Hired or Leased												
7. ANY PARKING FACILITIES OWNED/RENTED? Parking Facilities Owned Explanation		Parking Facilities Owned												
8. IS A FEE CHARGED FOR PARKING? Fee Charged for Parking Explanation		Fee Charged for Parking												
9. RECREATION FACILITIES PROVIDED? Recreation Facilities Provided Explanation		Recreation Facilities Provided												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		Lodging Operations												
<table border="1"> <thead> <tr> <th># APTS</th> <th>TOTAL APT AREA</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td>12,345</td> <td>12,345 Sq. Ft.</td> <td>12,345</td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS	12,345	12,345 Sq. Ft.	12,345								
# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS												
12,345	12,345 Sq. Ft.	12,345												
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) <input checked="" type="checkbox"/> APPROVED FENCE <input checked="" type="checkbox"/> LIMITED ACCESS <input checked="" type="checkbox"/> DIVING BOARD <input checked="" type="checkbox"/> SLIDE <input checked="" type="checkbox"/> ABOVE GROUND <input checked="" type="checkbox"/> IN GROUND <input checked="" type="checkbox"/> LIFE GUARD		Swimming Pool on Premises												
12. ARE SOCIAL EVENTS SPONSORED? Sporting or Social Events Sponsored Explanation		Sporting or Social Events Sponsored												
13. ARE ATHLETIC TEAMS SPONSORED?		Athletic Team Sponsored												
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>EXTENT OF SPONSORSHIP</th> </tr> </thead> <tbody> <tr> <td>Type of Sport 1</td> <td>Contact Sport 1</td> <td><input checked="" type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18</td> <td>Extent of Sponsorship 1</td> </tr> <tr> <td>Type of Sport 2</td> <td>Contact Sport 2</td> <td><input checked="" type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18</td> <td>Extent of Sponsorship 2</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	EXTENT OF SPONSORSHIP	Type of Sport 1	Contact Sport 1	<input checked="" type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	Extent of Sponsorship 1	Type of Sport 2	Contact Sport 2	<input checked="" type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	Extent of Sponsorship 2		
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	EXTENT OF SPONSORSHIP											
Type of Sport 1	Contact Sport 1	<input checked="" type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	Extent of Sponsorship 1											
Type of Sport 2	Contact Sport 2	<input checked="" type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	Extent of Sponsorship 2											
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? Structural Alterations Contemplated Explanation		Structural Alterations Contemplated												
15. ANY DEMOLITION EXPOSURE CONTEMPLATED? Demolition Exposure Contemplated Explanation		Demolition Exposure Contemplated												

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? Applicant Been Active in Or is Currently Active in Joint Ventures Explanation		Applicant Been Active in Or is Currently
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM
Lease To 1	Lease To Workers	Lease From 1
Lease To 2	Lease To Workers	Lease From 2
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? Labor Interchange With Any Other Business or Subsidiaries Explanation		Compensation 2 Labor Interchange With Any Other Bu
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? Day Care Facilities Operated or Controlled Explanation		Day Care Facilities Operated
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? Crimes Occurred or Been Attempted on Your Premises Within Last Three Years Explanation		Crimes Occurred or Been Attempted on Your P
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? Formal, Written Safety and Security Policy in Effect Explanation		Formal, Written Safety and Secur
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? Businesses Promotional Literature Make Representations about Safety or Security of Premises Explanation		Businesses Promotional Literature Make Representatio

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Remarks

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) State Producer License
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER National Producer License Number