

## Email completed application to submit@midman.com.

Proposed Effective Date: N			Midlands	idlands Producer Number:			
	Comme	ercial General	Liability App	blication			
Agency:							
Agent Contact:			Phone N	o.:			
Email address:		Fax No.:					
Insured:	□Individual	<b>□</b> Partnership	<b>□</b> Corporation	☐Joint Venture			
Full Legal Name of Applicant:							
Operating Name:							
Mailing Address:							
Risk Location:							
Principal Owner(s	s):		We	ebsite Address:			
Has the principal	Has the principal or any active partner filed for bankruptcy?   Yes   No   If yes, provide details:						
Insured is:	Owner Tenant	Landlord's Name & A	ddress:				
Is the landlord to be added as an additional Insured on binding?   Loss Payee / Mortgagee / Additional Insured (include name & address):  1.							
2.		<b>□New Busine</b>	ss Ren	avvol			
Experience:							
Existing Insurer:	Target Premium Required:						
	☐Yes ☐No If no	· • • • • • • • • • • • • • • • • • • •					
		cancelled within the	past 5 years?	∕es □No			
If yes, please expla							
Claims Histor	y (Whether or n	ot Insured – Sust	tained during Pa	ast 5 Years on all ope	erations):		
Date of Loss		Details of Loss		Amount Paid/Reserve	Open/Closed		
Describe any insured and uninsured losses which have occurred in the past 5 years and state the date, type and value of each loss before the deductible (if any) was applied:							

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?						
General Information:						
Full Description of Business Operations including those	operations not at this location:					
Are these operations insured elsewhere:						
Number of years business established:						
Describe experience of key personnel:						
Total years of experience in similar / related business:						
Is the owner involved in the day-to-day operation?	□Yes □No					
If no, please provide details:						
Total number of employees:	Full Time:	Part Time:				
Annual Payroll:						
Are all of the employees covered by Worker's Compensat	ion?					
If no, please provide details:						
Gross Receipts Declaration:						
Type of Goods Sold and/or Nature of Services	Annual Gross Receipt	Projected Gross Receipt				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
Total Receipts:	\$	\$				
Does the applicant have any U.S. Sales or Foreign Exposure (past, present, future)?   Yes   No						
If yes, explain and list percentage of each country:						
Does the applicant provide any U.S. Installation (past, present, future)?						
If yes, explain and list percentage of each country:						
Does the Insured plan on entering or expanding into new operations during the next 12 months? ☐Yes ☐No						
If yes, explain:						
Does the applicant have any special agreements with Government Agencies?   Yes   No						
Does the applicant use radioactive materials?						

Does the applicant engage in any of the following operations?						
Airport Premises	∐Yes	□No	Insulation (Install/Remove)	□Yes □No		
Bridge Work	∐Yes	□No	Cranes	□Yes □No		
Demolition or Wrecking	∐Yes	□No	Drilling	□Yes □No		
Excavation – Depth	□Yes	□No	Blasting	□Yes □No		
Propane Work	□Yes	□No	Roofing Work	□Yes □No		
Ship or Docks	□Yes	□No	Shoring/Tunneling/Underpinning	□Yes □No		
Spraying (Paint)	□Yes	□No	Spraying (Pesticides)	□Yes □No		
Spraying (Pressure Washing)	□Yes	□No	Swimming Pool Work	□Yes □No		
Welding (Off Premises)	□Yes	□No	Welding (On Premises)	□Yes □No		
Describe in detail:						
Operations:						
Does anyone else manufacture	□Yes □No					
Are any of the client's products	s sold und	ler another Company's N	Name/Label?	□Yes □No		
Does the client repackage the p	oroducts	of Others?		□Yes □No		
Has the client discontinued an	y produc	ts/operations in the past	?	□Yes □No		
Does the client manufacture pr	□Yes □No					
Does the client's operation inv	□Yes □No					
Does the client employ a physician, nurse or other health care professional?						
Does the client own or operate	□Yes □No					
Does the client charter, rent or	□Yes □No					
Does the client have any specia	□Yes □No					
Does the Forest Fire Preventio	□Yes □No					
Describe quality control and inspection procedures:						
Please provide details of operations involving the use of welding equipment or other similar equipment away from the premises owned, occupied or used by the Client:						
owned, occupied of disca by the	c Chem.					
Does the client rent or lease me	echanical	l equipment to or from o	thers?			
Are there any know contractual obligations where the applicant has to provide insurance on behalf of another or hold another harmless?						
If yes, explain:						

Independent Contractors:
Does the client sub-contract work?   Yes  No If yes, percentage of work:
Describe:
Are sub-contractors required to carry liability insurance?   Yes   No If yes, minimum limits required:
Is the applicant added as an Additional Insured under the contractor's policy? $\Box$ Yes $\Box$ No
Does the client obtain Certificates of Insurance from sub-contractors?
Please provide an estimate of cost/work given to independent sub-contractors:
Repair & Maintenance: \$ Other: \$
Describe:
Miscellaneous Information:
Is there any owned or non-owned watercraft exposure by the way of ownership, maintenance, use or operation of any watercraft by or on behalf of the applicant? $\Box$ Yes $\Box$ No
If yes, please explain:
Please provide details of any unlicensed automobiles or specific automobiles for which compulsory insurance does not apply:
Do any employees regularly drive their own vehicles on company business?   Yes   No
If yes, explain:
Does the client do any work on aircraft premises?   Yes   No
If was avalaine
n yes, explain:
Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on behalf of the client?  ☐Yes ☐No
If yes, explain:
Are there any owned or non-owned watercraft exposures by way of ownership, maintenance, use or operation of any watercraft by or on behalf of the client?   Yes   No
If yes, explain:
Please provide any additional information which may not have been addressed in the application but is pertinent information in respect to the risk:

Coverage Requirements:						
Location Address		% Occupied by Applicant	Owned or Rented	Ca E	_	RC of Rented
Location Address	Location Address			Sq. F	<b>ι.</b>	Portion
Limits of Insurance:						
Coverage:-			Deductible		Lim	it of Insurance
Commercial General Liability					\$	
Tenants Legal Liability					\$	
Other coverage					\$	
Agent Declaration:						
Is this account NEW to your office?	□No	If no, how long h	ave you known tl	ne applicar	nt?	
Is the applicant financially sound?	□No	Have you person	ally seen this pro	perty?		∐Yes □No
Do you recommend this applicant?	□No	Is the property fo	r sale?			□Yes □No
Comments:						
I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.						
This application must be signed by the Producer/Account Executive.						
Signature of Producer/Account Executive:				Date	:	
Print Name of Agent/Producer & Agency:						

## Disclaimer:

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

- 1. An applicant for a contract:
  - a) Provides false or erroneous information to the prejudice of the insurer; or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2. The insured contravenes a term of the Contract or commits a fraud; or
- 3. The insured willfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES. Signature of Applicant: Title of Applicant: