

- NATIONAL INDEMNITY COMPANY
- NATIONAL FIRE & MARINE INSURANCE COMPANY
- NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- NATIONAL INDEMNITY COMPANY OF THE SOUTH
- NATIONAL INDEMNITY COMPANY OF MID-AMERICA

SUBMIT TO: Horizon E & S Insurance Brokerage
 875 S. Westlake Blvd., Suite 21
 Westlake Village, CA 91361, CA 91355

Phone: (805) 494-6553
 Fax: (805) 494-6778 License #0D58518

COMMERCIAL GENERAL LIABILITY APPLICATION

Name of Applicant: _____

Address of Applicant: _____

Location of Exposures: _____

Business/Description of Operations: _____

Policy Effective Date: _____ Expiration Date: _____

Applicant is: Individual Partnership Corporation Other, Describe _____

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form <input type="checkbox"/> Premises-Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Other (Specify) _____ _____ _____	General Aggregate (Other Than Products-Completed Operations) \$ _____	Premises/Operations
	Products-Completed Operations Aggregate \$ _____	Products
	Personal & Advertising Injury \$ _____	Other
	Each Occurrence \$ _____	
	Fire Damage (Any One Fire) \$ _____	TOTAL
	Medical Expense (Any One Person) \$ _____	

SCHEDULE OF HAZARDS

CLASSIFICATION DESCRIPTION	CLASS CODE	PREMIUM BASIS (a) Area (c) Total Cost (m) Admissions (p) Payroll (s) Gross Sales (u) Units	TERR	RATE		PREMIUM	
				Premises/Ops (a) per 1,000 square feet (c) per 1,000 of Total Cost (m) per 1,000 admissions (p) per \$1,000 of payroll (s) per \$1,000 of Gross Sales (u) per each	Products	Premises/Ops	Products
TOTAL ADVANCE PREMIUMS						\$	\$

Transition

1. Has this risk or any location owned by the insured ever been disqualified from the transition program? _____
2. If this risk is eligible for transition, please indicate the following:

First Year of Qualification	Location	Class	Area	Sales

Claims-Made

1. Retroactive Date (proposed) _____
2. Date entered into uninterrupted claims-made coverage: _____
3. Has tail coverage been purchased under any previous policy? _____

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No
1	Any advertising signs away from premises?	<input type="checkbox"/>	<input type="checkbox"/>	9	Any mechanically operated riding devices?	<input type="checkbox"/>	<input type="checkbox"/>
2	Equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	10	Any saddle animals owned or used?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any boats, docks, floats, owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>	11	Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any elevator or escalators on premises?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
6	Any sun tan booths?	<input type="checkbox"/>	<input type="checkbox"/>	14	Operations involve discharge of fumes, acids, wastes?	<input type="checkbox"/>	<input type="checkbox"/>
7	Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	15	Are there any underground tanks on premises?	<input type="checkbox"/>	<input type="checkbox"/>
8	Any swimming pools (private or commercial)?	<input type="checkbox"/>	<input type="checkbox"/>	16	Do you install underground tanks?	<input type="checkbox"/>	<input type="checkbox"/>

MANUFACTURING, PROCESSING, CONTRACTING OR SERVICING

1. Describe operations & equipment _____
2. How long in business? _____ Do you have any other operations not described? _____
3. Are accounting records well kept? _____ Where can audit be made? _____
4. Does applicant draw plans, designs, specifications? _____ 5. Does applicant lease equipment to others with or without operators? _____
6. Any work done by contractors or subcontractors? _____ 7. Are certificates of insurance required from subcontractors? _____
8. Is any blasting done? _____ Is any excavation or underground work done? _____ If so, describe under Remarks Section.
9. (a) How many employees including owners, partners and officers? _____
 (b) How many employees other than partners, owners and officers? _____
 (c) What was total payroll for all officers and all employees for past year? _____
 (d) What was total gross receipts from all operations for previous year? _____
10. Complete the following for all Owners, Partners, Corporate Officers (attach listing if inadequate space)

Name	Title & Duties	Payroll

MERCANTILE, BUILDING OR PREMISES

1. Is insured owner, lessee or tenant? _____
2. What portion does insured occupy? _____
3. For what purpose? _____
4. If insured does not use the entire premises how is remainder occupied? _____
5. Number of stories excluding basement? _____
6. Area of bldg. (sq. ft.)? _____ Frontage (in ft.) _____
7. Construction of bldg? _____ Approximate age? _____
8. Does public have access to basement? _____ For what purpose _____
9. Basement area (square feet) _____
10. Is property multi-family rental (more than 2 family)? Yes No If yes, have smoke detectors been installed? Yes No Are they checked periodically to determine if in working condition? Yes No

PRODUCTS/COMPLETED OPERATIONS

Product	Annual Sales or Receipts	No. of Units	Time in Market	Expected Life	Intended Use	Principal Components

#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No	#	EXPLAIN ALL "YES" RESPONSES UNDER REMARKS	Yes	No
1	Does applicant install, service or demonstrate product?	<input type="checkbox"/>	<input type="checkbox"/>	6	Products recalled, discontinued, changed?	<input type="checkbox"/>	<input type="checkbox"/>
2	Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	7	Products of others sold or re-packaged under applicant label?	<input type="checkbox"/>	<input type="checkbox"/>
3	Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>	8	Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
4	Guarantees, warranties, hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>	9	Vendors coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
5	Products related to aircraft/space industry?	<input type="checkbox"/>	<input type="checkbox"/>				

For products sold or distributed, please attach literature, brochures, labels, warnings, etc.

ADDITIONAL INTEREST - CERTIFICATE OF INSURANCE

#	NAME AND ADDRESS	INTEREST	CERT.
1			<input type="checkbox"/>
2			<input type="checkbox"/>

LOSS INFORMATION

Insurance Company Name (past three years)	Effective Date	Expiration Date	Premium Paid	Number of Claims	Total \$ Amount of All Claims Paid and in Reserve

Give full details of all claims paid or outstanding _____

Is any insured aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

Has any prior insurance been cancelled or renewal refused? Yes No If yes, explain under Remarks Section.

REMARKS

The applicant understands that no insurance is bound hereunder and agrees that no insurance shall be effective until this application is approved by the Company. The applicant further agrees that the statements contained herein are true, correct and complete material representations to the Company and requests the Company to issue the insurance policy and any renewals thereof in reliance hereon.

Agent/Producer _____
 Address _____
 _____ Phone _____

Applicant's Signature _____