



NO AGENT BINDING

IRVIN B. GREEN & ASSOCIATES, INC.
P.O. BOX 492000
LEESBURG, FL. 34749-2000
PHONE: (352)638-9400
FAX: (352)638-9497

“BEST” RATED “A”

IBGA PHONE BINDER # _____

COMMERCIAL LIABILITY INSURANCE APPLICATION

AGENCY #	NAME & ADDRESS			PHONE NUMBER	
APPLICANT'S NAME	NAMED INSURED TO APPEAR ON POLICY (IF MORE THAN 1, LIST AND NUMBER SEPARATELY AND DEFINE RELATIONSHIP)				
APPLICANT INFO.	SOCIAL SECURITY #	DATE OF BIRTH	PHONE NUMBER		
APPLICANT'S MAILING ADDR	(NUMBER AND STREET NAME OR P.O. BOX)	CITY OR TOWN	COUNTY	STATE	ZIP CODE
LOCATION INFORMATION	STREET, CITY, STATE, ZIP CODE (SCHEDULE ADDITIONAL LOCATIONS)		INTEREST		INSURED OCCUPIES:
	<input type="checkbox"/> SAME		<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> LEASEE <input type="checkbox"/> _____		<input type="checkbox"/> ALL <input type="checkbox"/> PART <input type="checkbox"/> NONE <input type="checkbox"/> _____
PROPOSED POLICY PERIOD	HOUR AND MIN. MO. DAY YEAR MO. DAY YEAR FROM: M: TO:		APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> HUSBAND & WIFE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER		
BUSINESS INFORMATION	# OWNER/OFFICERS	# PART-TIME EMPLOYEES	# FULL-TIME EMPLOYEES	YEARS EXPERIENCE	HOW LONG IN BUSINESS?
COVERAGES		LIMITS OF LIABILITY COVERAGES			COVERAGES
<input type="checkbox"/> M&C <input type="checkbox"/> OL&T		EACH OCCURRENCE	AGGREGATE		
		\$	\$ DOUBLE OCCURRENCE		
		\$	\$		
ADVANCE PREMIUMS		= RATE FACTORS	x	PREMIUM BASIS	CODE NO. CLASS DESCRIPTION
BODILY INJURY PREMIUM	PROP. DAMAGE PREM	B.I.	P.D.		
		(a) Per 100 Sq. Ft. of Area (b) Per Linear Foot (c) Per \$100 of Payroll (d) Per \$100 of Receipts (e) Per Unit	(a) Area (Sq. Ft.) (b) Frontage (c) Payroll (d) Receipts (e) Units		
PREMIUM CALCULATION					
BI	+	PD	+	FULLY EARNED POLICY FEE =	TOTAL PREMIUM
\$		\$		\$ 25.00	\$
					\$100.00 MINIMUM RETAINED PREMIUM
NATURE OF BUSINESS/DETAILS OF OPERATION (NOT CLASS DESCRIPTION) **IF HANDYMAN, LIST SPECIFIC OPERATIONS**					

PLEASE COMPLETE REVERSE SIDE

AS2008 (04/96)

PRIOR CARRIER INFORMATION						
POLICY PERIOD	CARRIER	POLICY NUMBER	LIMITS OF LIABILITY		PREMIUM	
			BODILY INJURY	PROP. DAMAGE	BODILY INJURY	PROP. DAMAGE

DURING THE PAST 3 YEARS HAS ANY COMPANY:			➔	IF YES, WHY: _____ _____ _____
CANCELLED <input type="checkbox"/> YES <input type="checkbox"/> NO	REFUSED TO RENEW <input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED ACCEPTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		

LOSS HISTORY					
DATE OF LOSS	TYPE OF LOSS	ENTER ALL LOSSES FOR THE PRIOR 5 YEARS <input type="checkbox"/> CHECK HERE		AMOUNT PAID	RESERVE
		IF NONE DESCRIPTION OF LOSS, CORRECTIVE MEASURES (IF APPLICABLE)			

ADDITIONAL INTERESTS OR CERTIFICATE RECIPIENTS		
NAME & ADDRESS	INTEREST	CERT
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL INFORMATION					
FOR ALL PAST OR PRESENT OPERATIONS:			(EXPLAIN ALL YES ANSWERS BELOW)		
	YES	NO		YES	NO
1. Any exposure to radioactive materials/flammable/explosives/chemicals?			10. Any spray painting performed?		
2. Do operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)			11. Recreation facilities provided?		
3. Any floor waxing, stripping or exterior window cleaning?			12. Is there a swimming pool on the premises?		
4. Machinery or equipment loaned or rented to others?			13. Sporting or social events sponsored?		
5. Any watercraft, docks or floats owned, hired or leased?			14. Any structural alterations contemplated?		
6. Do your subcontractors carry coverages or limits less than yours? (If Any)			15. Any demolition exposure contemplated?		
7. Are Certificates of Insurance required from all subcontractors? (If Any)			16. For what % of your work do you use subcontractors? _____ % Cost \$ _____		
8. Any roofing or work on roofs performed?			17. Describe type of work subcontracted out to others, if any.		
9. Any stump grinding or removal performed?			18. If pressure washing, pounds per square inch. _____		

REMARKS:

NO BINDING ALLOWED BY THE COMPANY. The policy will go into effect when the risk is approved.
IF BINDING IS NEEDED, call Irvin B. Green for binder number.

This application is made by me voluntarily; and I understand and recognize that I have attempted to purchase insurance at standard rates. The rates for insurance which I have applied for and which I am purchasing from the Company may be in excess of rates charged by most insurance companies for average risks. I certify that all answers to all questions in this application are true and correct. 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.

APPLICANT'S SIGNATURE & POSITION _____	PRODUCER'S SIGNATURE & I.D. NUMBER _____	DATE _____
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AMERICAN SOUTHERN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – CLASSIFICATION LIMITATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance applies only to locations and operations that are described under the “Description of Hazards” section of a coverage part of this policy. If any operations and/or locations are not described, they are not insured hereunder.

Signature of Insured

AS-3059b
(01-91)