

SMALL BUSINESS PROTECT

Supplemental Application (General Liability)

THIS SUPPLEMENTAL APPLICATION IS PART OF THE PROFESSIONAL LIABILITY APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

Application Instructions:

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

General Information

1. Named Applicant (as identified in the Professional Liability Application submitted for the proposed insurance)		
2. Financial Information		
	Prior Fiscal Year	Projected Upcoming Fiscal Year
Annual Payroll (\$)		
3. During the past 5 years have you ever had a GL claim?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
4. Does your business provide any of the following: Construction, Installation, Maintenance, Treatment, Cleaning or Security?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
5. Is the Applicant or any individual or entity proposed for coverage under this Insurance aware of any fact, circumstance, situation, transaction, event, act, error, or omission which he or she has reason to believe might give risk to any claim or loss that would fall within the scope of the proposed coverage? <i>If "Yes", please provide full details on a separate sheet.</i>		
<input type="checkbox"/> Yes		<input type="checkbox"/> No



Signature

This Supplemental Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Supplemental Application shall be the basis of the contract should a Policy be issued. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this Supplemental Application as they may deem necessary. The Underwriter will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Supplemental Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	