

**SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR  
GENERAL LIABILITY COVERAGE**

**THIS SUPPLEMENTAL APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY**

**APPLICATION INSTRUCTIONS:**

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY;
2. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Number of locations or branch offices including the main office (please attach schedule of location that includes complete address and square footage for each location)

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2. Does Applicant design or produce any products? \_\_\_ No \_\_\_ Yes (If Yes please describe)

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3. Does the applicant have any responsibility for site safety? \_\_\_ No \_\_\_ Yes

4. Do you sponsor any sporting or social events? \_\_\_ No \_\_\_ Yes

5. Does the applicant have any responsibility for construction, erection, fabrication or installation? \_\_\_ No \_\_\_ Yes

6. During the past five (5) years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for General Liability? \_\_\_ No \_\_\_ Yes

Please attach a list and status of all claims made for any of the above questions which you answered 'YES'. Indicate the date, allegation, loss amount, defense cost and dispositions of each

7. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? \_\_\_ No \_\_\_ Yes

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE UNDERWRITERS TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING SUPPLEMENTAL APPLICATION OF INSURANCE AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_ IN \_\_\_\_\_

PRODUCER \_\_\_\_\_ APPLICANT'S  
SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_  
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