



# Traders Insurance Company

1st Floor Alexander Building, Beach Road, San Jose Village  
P.O. Box 502473, Saipan, MP 96950  
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## COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION FORM

This proposal is to be completed by the proposer or an authorized officer of the proposer. All questions should be answered fully and accurately.

Signing of this proposal does not bind company to offer nor the proposer to accept insurance. But it is agreed that this proposal shall be the basis of any insurance issued. No inference should be made however from the inclusion of any question in this proposal that the subject matter to which that question relates will be covered under the policy. The policy terms are only as stated in the policy which should be read carefully.

Attention is drawn to the proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance.

If there is insufficient space to complete the proposal, please attach additional sheets.

### 1. Name of Proposer ( To be named Insured if policy issued )

Name : \_\_\_\_\_

Address : \_\_\_\_\_

The proposer is a(n) :

Individual      Joint Venture      Partnership      Organization ( Other than Partnership or Joint Venture )

#### Please explain all "Yes" responses

YES     NO

A. Is the proposer a subsidiary of another entity? \_\_\_\_\_

B. Does the proposer have any subsidiaries? \_\_\_\_\_

C. Is there any exposure to flammables, explosive, chemicals? \_\_\_\_\_

D. Is there any other insurance with this company or being submitted? \_\_\_\_\_

### 2. Business to be Insured

Location of Premises : \_\_\_\_\_

Nature of Business

Manufacturer      Distributor      Other      Years in business \_\_\_\_\_

Description of Operations and Products manufactured, processed or sold : \_\_\_\_\_

Please attach literature, brochures, labels, warnings, etc.

### 3. Limits of Insurance Requested

A. Each Occurrence : \_\_\_\_\_  
Combined Single Limit for Bodily Injury and Property Damage

B. Aggregate policy year : \_\_\_\_\_

### 5. Policy Period Requested

From the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ ( Inception Date )

To the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ ( Expiration Date )

**6. Specific Information**

If the proposer's business is listed below, please answer related questions.

**Apartment Buildings, Hotels or Motels**

Number of stories \_\_\_\_\_ Are there pools or beaches ? No Yes

**Carpentry**

Does construction of residential property exceed three stories in height ? No Yes

**Contractors**

Please explain all "Yes" responses

YES

NO

A. Does proposer lease equipment? \_\_\_\_\_

B. Does proposer have part time staff? \_\_\_\_\_

C. Percentage of proposer's work sub-contracted? \_\_\_\_\_

**Painting** Does proposer work in building exceeding three stories? No Yes

**Restaurant** Is there a dance floor? No Yes

**8. Loss Experience**

Year	Paid Claims		Outstanding Claims Reserves	
	Number	Amount	Number	Amount

Please give details of all major losses

Are there any claims currently pending against the proposer or is the proposer aware.

AFTER INQUIRY, of any circumstances which could give rise to a claim under the proposed insurance? No Yes

If yes please give details : \_\_\_\_\_

**9. Prior Insurance**

Please give details of proposer's liability insurance coverage for the past Five years;

Year	Carrier	Policy No.	Coverage Trigger	Respective Date if any

Please give details of all major losses			
BI – Each Occ.	Annual. Agg.	BI – Each Occ.	Annual. Agg.

Has any Insurer ever declined or cancelled or refused to renew insurance or imposed terms? No Yes

If yes, please give details including name of insurer : \_\_\_\_\_

**DECLARATION**

I/We hereby apply for insurance against risks as set out in the Company's "Liability Insurance" Policy and I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld, and I/we agree that this proposal and declarations shall be the basis of the contract between myself/ourselves and the Company, and I/we further agree to accept a Policy subject to the usual conditions prescribed by the Company, and endorsed on its Policy, and to pay the first premium there under when called upon to do so.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date