

# National Casualty Company

Home Office:  
 Madison, Wisconsin  
 Administrative Office:  
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
 1-800-423-7675 • Fax (480) 483-6752  
 A Stock Company

## General Liability Application

APPLICANT'S NAME	_____
ADDRESS	_____ _____ _____

AGENCY	_____
AGENT NAME	_____
ADDRESS	_____ _____

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

LIMITS OF LIABILITY REQUESTED				PREMIUM	
COVERAGE	EACH OCCURRENCE		AGGREGATE		
BODILY INJURY	\$	,000	\$	,000	\$
PROPERTY DAMAGE	\$	,000	\$	,000	\$
COMBINED SINGLE LIMIT	\$	,000	\$	,000	\$
PREMISES MEDICAL PAYMENTS	EACH PERSON		EACH ACCIDENT		\$
	\$	,000	\$	,000	
PERSONAL INJURY PARTICIPATION %	A	B	C	AGGREGATE	\$
DELETE EXCLUSION C				\$	
OTHER COVERAGE AND/OR ENDORSEMENTS					\$
					TOTAL
					\$

1. Indicate Coverages Desired:
- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Completed Operations        | <input type="checkbox"/> Owners & Contractors Protective | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Comprehensive General       | <input type="checkbox"/> Owners, Landlords and Tenants   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Contractual                 | <input type="checkbox"/> Personal Injury                 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Manufacturers & Contractors | <input type="checkbox"/> Products                        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Premises Medical Payments   |  |                                |

2. Describe all business operations conducted by applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Interest of applicant in such premises:  Owner  General Lessee  Tenant  
 Part Occupied by the applicant:  Entire  Portion  None
5. Number of years in business: \_\_\_\_\_
6. Does applicant have a parking lot? .....  Yes  No  
 If so, state area: \_\_\_\_\_  
 If applicant charges for the use of the parking lot, indicate gross receipts from this operation: \$ \_\_\_\_\_  
 Indicate type of surface:  Gravel  Black Top  Concrete  
 Is the lot lighted?.....  Yes  No
7. Does risk store L.P.G. flammable liquids, ammunition or explosives on the premises? .....  Yes  No  
 If so, type and quantity stored: \_\_\_\_\_
8. Does risk lend, lease, or rent any equipment to others? .....  Yes  No  
 If so, state the type of equipment involved and the gross receipts derived therefrom: \_\_\_\_\_  
 \_\_\_\_\_
9. Does applicant subcontract work?.....  Yes  No  
 If so, state type: \_\_\_\_\_  
 Are Certificates of Insurance required from all subcontractors? .....  Yes  No
10. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant?.....  Yes  No  
 If so, explain: \_\_\_\_\_
11. List details and amounts paid or in reserve for all claims which occurred during the last three years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. PRIOR CARRIER NAME AND POLICY NUMBER: \_\_\_\_\_

13.

Loc. No.	DESCRIPTION OF EXPOSURES	Premium Basis
	Premises—Operations (Give complete description. Include parking lot areas for all stores):	(a) Area (sq. ft) (b) Frontage (c) Remuneration (d) Receipts
	Escalators—Number of Landings  Elevators	(Number)
	Owners' or Contractors' Protection (Independent Contractors—Let or Sublet Work)	(a) Cost (total) \$
	Contractual—SUBMIT COPY	(a) Cost \$ (b) Number of Contracts

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)