



P.O. Box 9109, Charlotte Amalie  
 St. Thomas, VI 00801  
 Tel. (340) 776-8050  
 Fax (340) 774-8830

**GENERAL LIABILITY APPLICATION**

Renewal?  Yes  No

Date \_\_\_\_\_ Current Policy No. \_\_\_\_\_

**Agency Name & Address** \_\_\_\_\_

**Insured** \_\_\_\_\_

Address \_\_\_\_\_

H. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cel. Phone \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Individual  Partnership  Corporation  Joint Venture  LLC  Not for Profit Organization

**LOCATION OF PREMISES**

LOC #	BLD #	Street, City, State, ZIP	Interest	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	City Limits	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
1.						
	Year Built _____	Square Footage _____		Number of Units _____		
2.						
	Year Built _____	Square Footage _____		Number of Units _____		
3.						
	Year Built _____	Square Footage _____		Number of Units _____		

**Pool**  Yes  No **Fenced?**  Yes  No **Animals** \_\_\_\_\_

**RISKS**  
 C.G.L. \_\_\_\_\_ O.L.T. \_\_\_\_\_ M. & C. \_\_\_\_\_ Others \_\_\_\_\_

**BUSINESS OPERATIONS**

Nature of Business / Description of Operations by Premise(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Gross Sales \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_  
 Payroll \$ \_\_\_\_\_ Others \$ \_\_\_\_\_

**LIMITS OF LIABILITY**

General Aggregate \$ \_\_\_\_\_  
 Products & Completed Operations Aggregate \$ \_\_\_\_\_  
 Personal & Advertising Injury \$ \_\_\_\_\_  
 Each Occurrence \$ \_\_\_\_\_  
 Fire Damage \$ \_\_\_\_\_  
 Medical Expense (Any one person) \$ \_\_\_\_\_

Premises Operations	Premium Bases	Annual Premium
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total Premiums \$</b> _____

**ADDITIONAL INSURED INTEREST**

Name and Address \_\_\_\_\_  
 \_\_\_\_\_

**LOSS HISTORY**

Description of Loss \_\_\_\_\_ Date of Occurrence \_\_\_\_\_  
 \_\_\_\_\_ Date of Claim \_\_\_\_\_  
 \_\_\_\_\_ Claim Status  Open  Closed Amount \$ \_\_\_\_\_

**READ BEFORE SIGNING**

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulantly, or in such a way as to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

\_\_\_\_\_  
 Date Signature of Applicant

\_\_\_\_\_  
 Date Signature of Producer