



Date: _____



APPLICANT INFORMATION

Applicant's Name: _____ Agency Name: _____
DBA: _____ Address: _____
Address: _____
Phone #: _____ Phone#: _____

PROPOSED EFFECTIVE DATE:

FROM _____ To _____

12:00 A.M. Standard Time at the Address of the Applicant

APPLICATION FOR COMMERCIAL GENERAL LIABILITY

Name of Applicant: _____

Mailing Address: _____

Telephone: _____

Contact Name: _____

Location Business: _____

Year in Business: _____ Policy Term: _____ To _____

Description of Operations: _____

Insured is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

I.C.C Brokerage MC# _____ US Dot # _____

Limits - General Liability (Per Occurrence)

General Aggregate (Other than Products/Completed Operations): \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury (Any one person or organization) \$ _____

Each Occurrence: \$ _____

Damage to Premises Rented to You (Any one premises): \$ _____

Medical Expense (Any one person): \$ _____