EMPRO INSURANCE

Commercial General Liability
Application

PART I - PRODUCER INFORMATION

Agency Name		Address	Telephone
Agency License Number	State	Federal Tax ID	Email Address

PART II - APPLICANT INFORMATION

Name of Applicant	Contact Person	Most Recent Policy Number
Business Address	Mailing Address	
Billing Address, if different	Telephone	Email Address

PART III - COVERAGE AND LIMITS OF LIABILITY
(Indicate Limits Desired for Occurrence Coverage)

Proposed Effective Date	Proposed Expiration Date

General Aggregate: $ _____
Products-Completed Operations Aggregate: $ _____
Each Occurrence Limit: $ _____
Personal And Advertising Injury Limit: $ _____
Damages to Premises Rented to You Limit: $50,000 or ☐ Excluded coverage
Medical Expenses Limit: $5,000 or ☐ Excluded coverage

Deductibles*:
☐ Property Damage Liability $_____ Per Occurrence $_____ Annual Aggregate
☐ Bodily Injury, Property Damage and Personal and Advertising Injury Liability Combined
$_____ Per Occurrence/Person $_____ Annual Aggregate

*Required with General Liability coverage if deductible is selected with Professional Liability coverage.

PART IV - BUSINESS INFORMATION

Type of Business: ☐ Individual ☐ Solo Corporation ☐ Partnership ☐ Corporation
☐ Joint Venture ☐ Subchapter "S" Corporation ☐ Not for Profit Organization

Type of Facility
☐ Hospital-General ☐ Clinic-MD Owned ☐ Laboratory ☐ Other _____
☐ Hospital-Children ☐ Community Health Center ☐ Surgical Center
☐ Hospital-Specialized (please indicate which below)
☐ Psychiatric ☐ Teaching ☐ Detox ☐ Geriatric ☐ Rehabilitation ☐ Women's

Years in Business	Inspection Contact	Telephone

PART IV - BUSINESS INFORMATION (continued)

Is the applicant a participant in any joint ventures? ☐ Yes ☐ No
Is the applicant a subsidiary of another entity? ☐ Yes ☐ No
Does the applicant have any subsidiaries? ☐ Yes ☐ No

If yes to any of the above, please attach a list including name, location, and operation of any subsidiaries, or joint ventures.

LOCATIONS

	Address	Function	No. Stories	Year Built	Construction	*Fire Protection	Sq. Ftg.
Owned							
Leased							

If necessary, please attach separate sheets

*Fire Protection Key: CS = Complete Sprinkler PS = Partial Sprinkler HD = Heat Detector SD = Smoke Detector AA = Automatic Alarm MA = Manual Alarm

		Yes	No
a.	Is a formal, written, safety and security program in operation?	☐	☐
b.	Any exposure to flammables, explosives, chemicals?	☐	☐
c.	Any exposure to radioactive/nuclear materials other than in the ordinary operation of a medical premise?	☐	☐
d.	Have your operations or have past operations ever involved storing, treating, discharging, applying, disposing or transporting of hazardous materials other than those in ordinary operation?	☐	☐
e.	Machinery or equipment loaned or rented to others?	☐	☐
f.	Any watercraft, docks, or floats owned, hired, or leased?	☐	☐
g.	Any parking facilities owned/rented?	☐	☐
	If yes, is a fee charged for parking?	☐	☐
h.	Recreational facilities provided?	☐	☐
i.	Is there a swimming pool on the premises?	☐	☐
j.	Sporting or social events sponsored?	☐	☐
k.	Any structural alterations or new construction planned?	☐	☐
l.	Any demolition exposure contemplated?	☐	☐
m.	Do you lease employees to or from other employers?	☐	☐
n.	Is there a labor interchange with any other business or subsidiaries?	☐	☐
o.	Are day care facilities operated or controlled?	☐	☐
p.	Do all patient care areas have:		
	Self-closing fire doors in each floor?	☐	☐
	Automatic fire alarm systems connected to fire department?	☐	☐
	Smoke detectors?	☐	☐
	A written emergency evacuation plan?	☐	☐
	At least two clearly marked exits on each floor?	☐	☐
q.	Do you have a helipad or other landing area for helicopters?	☐	☐
	If yes, list location and number of landings per year: _____		
	Is the helipad licensed by the State Bureau of Aviation, Department of Transportation?	☐	☐
r.	Do you own, lease, or charter any aircraft?	☐	☐
	If yes, please provide a copy of your Aircraft and/or Aviation Liability Policy.		

PART IV - BUSINESS INFORMATION (continued)

	Yes	No
s. Any mobile medical premises in operation? If yes, please provide details and a copy of your Commercial Automobile Policy.	☐	☐
t. If you have residential properties, are they certified as lead free (MA, NJ, and RI)? If yes, please provide documentation.	☐	☐
u. Does the property(ies) to be covered include units intended to rent or let as residential living quarters or dwellings (MA, MD)?	☐	☐
v. Do you have medical students in a training program sponsored and controlled by you?	☐	☐
w. Do you have any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	☐	☐

Please explain any Yes answers in the space provided below: _____

_____

_____

_____

_____ If necessary, please attach separate sheets

PART V - PRIOR CARRIER INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER					
POLICY NUMBER					
POLICY TYPE	CLAIMS MADE ☐ OCCURRENCE ☐	CLAIMS MADE ☐ OCCURRENCE ☐	CLAIMS MADE ☐ OCCURRENCE ☐	CLAIMS MADE ☐ OCCURRENCE ☐	CLAIMS MADE ☐ OCCURRENCE ☐
RETRO DATE					
LIMITS – GENERAL AGGREGATE					
LIMITS – PRODUCTS COMP OP AGGREGATE					
LIMITS – PERSONAL & ADV INJ					
LIMITS – EACH OCCURRENCE					
LIMITS – PREMISES RENTED					
LIMITS – MEDICAL PAYMENTS					
TOTAL PREMIUM					

Do you currently hold or plan to apply for any other insurance with this company? ☐ Yes ☐ No

Has any insurance company ever declined, failed to renew, conditionally renewed, or cancelled your commercial general liability? ☐ Yes ☐ No

If yes, please explain the circumstances:_____

_____

_____

_____

_____

PART V - PRIOR CARRIER INFORMATION (continued)

Please attach the following:

- ❑ **Minimum of 10 years of loss history**
- ❑ **List of entities to be covered under the policy and the relationship to the applicant**
- ❑ **List of Additional Insureds including the relationship to the applicant along with a copy of the contract**
- ❑ **List of certificate holders requested**

Read Carefully Before Signing
THE STATEMENTS IN THIS APPLICATION, TOGETHER WITH ANY SUPPLEMENTAL APPLICATIONS, ATTACHMENTS AND ANY OTHER INFORMATION SUBMITTED TO THE COMPANY IN CONNECTION WITH THIS APPLICATION WILL BE REFERRED TO AS THE "POLICY APPLICATION."

Representations as to accuracy of application, the authority of person signing, and applicant's obligation to supplement information

BY SIGNING BELOW, I REPRESENT AND CERTIFY: (I) THAT THE INFORMATION CONTAINED IN THE POLICY APPLICATION IS TRUE AND ACCURATE. (II) THAT I HAVE MADE ALL REASONABLE EFFORTS TO INVESTIGATE THE ACCURACY OF THE INFORMATION PROVIDED IN THE POLICY APPLICATION AND TO OBTAIN SUCH INFORMATION FROM ALL PERSONS AND ENTITIES TO BE INSURED BY THE REQUESTED POLICY AS IS NECESSARY TO PROVIDE TRUE AND ACCURATE INFORMATION IN THE POLICY APPLICATION; AND (III) THAT I AM DULY AUTHORIZED TO SIGN THIS POLICY APPLICATION ON BEHALF OF ALL PERSONS AND ENTITIES TO BE INSURED BY THE REQUESTED INSURANCE AND THAT I HAVE CAREFULLY READ THIS POLICY APPLICATION.

I ACKNOWLEDGE THAT OBTAINING THE REQUESTED INSURANCE, INCLUDING ANY RENEWALS OF THE REQUESTED INSURANCE, IS CONDITIONED UPON PROVIDING TRUE AND ACCURATE INFORMATION IN THIS POLICY APPLICATION, AND ANY SUCH INSURANCE THAT MAY BE ISSUED WILL BE BASED UPON THE COMPANY'S RELIANCE ON THE INFORMATION PROVIDED IN THE POLICY APPLICATION. I ALSO AGREE AND UNDERSTAND THAT THIS POLICY APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THAT THIS POLICY APPLICATION WILL BE DEEMED TO BE ATTACHED TO AND PART OF SUCH POLICY AND ANY RENEWALS OF SUCH POLICY, IF ISSUED. FURTHER, IF ANY INFORMATION IN THE POLICY APPLICATION IS MISLEADING, INCOMPLETE OR FALSE, THE COMPANY MAY VOID THE INSURANCE ISSUED PURSUANT TO THIS APPLICATION.*

ADDITIONALLY, I AGREE THAT IN THE EVENT THERE IS ANY CHANGE IN THE INFORMATION PROVIDED IN THE POLICY APPLICATION BEFORE THE EFFECTIVE DATE OF THE REQUESTED INSURANCE OR BEFORE ANY RENEWAL OF THE REQUESTED INSURANCE, I WILL IMMEDIATELY NOTIFY THE COMPANY IN WRITING. IF I FAIL TO PROVIDE SUCH NOTICE, THE COMPANY MAY VOID THE INSURANCE ISSUED PURSUANT TO THIS APPLICATION OR ANY RENEWAL OF THE REQUESTED INSURANCE. I UNDERSTAND THAT IF THERE IS A CHANGE IN THE INFORMATION PROVIDED IN THE POLICY APPLICATION THE COMPANY, IN ITS SOLE DISCRETION, MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.*

No obligation to issue or purchase insurance
I UNDERSTAND THAT THE POLICY APPLICATION IS NOT A BINDER OF INSURANCE. ACCEPTING THE APPLICATION DOES NOT BIND THE COMPANY TO ISSUE, OR ME TO PURCHASE, THE REQUESTED INSURANCE REGARDLESS OF WHETHER OR NOT I HAVE MADE PAYMENT, IN WHOLE OR IN PART, FOR THE REQUESTED INSURANCE OR THE COMPANY HAS DEPOSITED SUCH PAYMENT. I UNDERSTAND THAT THE REQUESTED INSURANCE SHALL NOT BE EFFECTIVE UNTIL I HAVE PAID A DEPOSIT TO THE COMPANY IN THE AMOUNT INVOICED BY THE COMPANY, REGARDLESS OF WHETHER OR NOT A POLICY OR ANY RENEWALS OF SUCH POLICY HAVE BEEN ISSUED.

Authorization to obtain information
THE COMPANY IS HEREBY AUTHORIZED TO OBTAIN FULL INFORMATION FROM ANY LIABILITY INSURER, HEALTHCARE INSURER, HOSPITAL, HEALTHCARE PROVIDER, MEDICAL ASSOCIATION OR SOCIETY, BOARD OF MEDICAL EXAMINERS, GOVERNMENTAL AGENCY, ATTORNEY OR OTHER PERSON OR ENTITY CONCERNING: (I) ANY MEDICAL MALPRACTICE CLAIM, SUIT, LICENSING BOARD PROCEEDING, CREDENTIALING PROCEEDING, DISCIPLINARY ACTION OR ANY OTHER CIVIL OR CRIMINAL ACTION ASSERTED AGAINST OR RELATING TO THE PROFESSIONAL CONDUCT OF ANY PERSON OR ENTITY TO BE COVERED BY THE REQUESTED INSURANCE; (II) THE QUALIFICATIONS OF ANY PERSON OR ENTITY TO BE COVERED BY THE REQUESTED INSURANCE TO PERFORM PROFESSIONAL HEALTHCARE SERVICES; AND (III) SUCH OTHER INFORMATION WHICH, IN THE SOLE JUDGMENT OF THE COMPANY, MAY HAVE A BEARING ON WHETHER TO ISSUE THE REQUESTED INSURANCE. I AGREE TO HOLD HARMLESS ANY PERSON OR ENTITY PROVIDING SUCH INFORMATION TO THE COMPANY AND THE COMPANY, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS FROM ANY LIABILITY ARISING OUT OF THE DISCLOSURE OF SUCH INFORMATION, INCLUDING ANY LIABILITY ARISING OUT OF ERRORS AND OMISSIONS IN THE INFORMATION DISCLOSED.

CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATED AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: THE COMPANY WILL NOT RESCIND OR VOID ANY POLICY ISSUED IN MAINE DUE TO FRAUD OR A MISREPRESENTATION WITHOUT FIRST OBTAINING A COURT RULING THAT VOIDANCE OR RESCISSION OF THE POLICY IS PERMITTED. HOWEVER, IN THE EVENT OF A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT IN THIS APPLICATION OR INFORMATION PROVIDED TO US TO OBTAIN INSURANCE, THE COMPANY MAY CANCEL THE POLICY AND/OR DENY COVERAGE FOR ANY CLAIM IF SUCH MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT WAS FRAUDULENT OR MATERIAL.IN ACCORDANCE WITH 24-A M.R.S.A. 2186(3), IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

MARYLAND APPLICANTS: THE COMPANY WILL NOT VOID ANY POLICY ISSUED IN MARYLAND. HOWEVER, COVERAGE WILL NOT BE PROVIDED IF WE DISCOVER CONCEALMENT, MISREPRESENTATION, OR FRAUD. ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW HAMPSHIRE APPLICANTS: THE COMPANY WILL NOT VOID ANY POLICY OR DENY COVERAGE TO ANY INSURED(S) IN NEW HAMPSHIRE IF THE INSURED(S) HAD NO KNOWLEDGE OF CONCEALMENT, MISREPRESENTATION OR FRAUD. HOWEVER, THE COMPANY WILL NOT COVER ANY CLAIMS AGAINST ONE OR MORE INSUREDS WHO HAS INTENTIONALLY CONCEALED OR MISREPRESENTED A MATERIAL FACT, ENGAGED IN FRAUDULENT CONDUCT, OR MADE A FALSE STATEMENT RELATING TO THIS INSURANCE.

NEW JERSEY APPLICANTS: IN ACCORDANCE WITH N.J. STAT § 17:33A-6 (C), ANY PERSON WHO INCLUDES FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON, WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: 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 MAY HAVE COMMITED A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PENNSYLVANIA APPLICANTS: 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.

VIRGINIA APPLICANTS: IN ACCORDANCE WITH VIRGINIA CODE 52-40, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

WASHINGTON APPLICANTS: THE COMPANY WILL NOT VOID ANY POLICY ISSUED IN WASHINGTON UNLESS THE INSURED(S) OR SOMEONE ACTING ON BEHALF OF THE INSURED(S) INTENTIONALLY CONCEALS OR MISREPRESENTS A MATERIAL FACT OR CIRCUMSTANCE RELATING TO THIS INSURANCE. 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.

ALABAMA, ALASKA, ARIZONA, ARKANSAS, DELAWARE, FLORIDA, IDAHO, INDIANA, KENTUCKY, LOUISIANA, MINNESOTA, NEW MEXICO, NEW YORK, OHIO, RHODE ISLAND, TENNESSEE, TEXAS, WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES WHICH MAY INCLUDE VOIDING OF THE POLICY IF ALLOWED BY STATE LAW.

_____ _____

Signature of Applicant Title

_____ _____

Printed Name of Applicant Date