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FOX POINT PROGRAMS, 3001 Philadelphia Pike, Claymont, DE 19703-2580
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GENERAL LIABILITY INSURANCE *SUPPLEMENTAL APPLICATION*

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS SEEKING GENERAL LIABILITY COVERAGE IN ADDITION TO PROFESSIONAL LIABILITY INSURANCE. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

A Name of Applicant _____

Business Address _____

City _____ State _____ Zip _____

B Please provide a brief description of the services provided by the Applicant: _____

C What limits of liability are being sought? _____ Desired effective date ____ / ____ / ____

D Is the Applicant's business operated out of his/her home? Yes No

E Other than the business address provided in "A" above, now many additional locations does the Applicant's business own or rent?

F What best describes the Applicant's ownership structure? Sole Proprietor Partnership Corporation

Other (*describe*): _____

G How many staff are currently employed? Full-time _____ Part-time _____ Temporary _____ TOTAL _____

H Does the Applicant supply, manufacture, or distribute tangible goods or products (NOTE: brochures, documents, and reports are not considered tangible goods)? Yes No

If "Yes", are the products provided limited to those manufactured by others and do the total sales from these products account for no more than 25% of the Applicant's annual revenues? Yes No

I Does the Applicant currently have a general liability policy in-force? If yes, please provide the following:

COMPANY		LIMITS	DEDUCTIBLE	PREMIUM
		\$	\$	\$
EXPIRATION DATE	RETRO DATE			
/ /	/ /			

J Has any prior General Liability insurance policies been cancelled or non-renewed? Yes No

K Has the Applicant had any General Liability claims in the past five years, or have knowledge/information of any circumstance which might reasonably be expected to give rise to a claim? Yes No

L For the next 12 months, what is your estimated payroll expense for the Applicant and its employees (do not include sub-contractors)? \$ _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

Date ____ / ____ / ____ Applicant's Authorized Signature _____