

Buschbach Insurance Agency, part of the InsureOne Family Company _____
5615 W. 95th Street

Oak Lawn, Illinois 60453-6504

Phone: (708) 424-0100
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COMMERCIAL GENERAL LIABILITY APPLICATION

ORDER
 QUOTE ONLY

1. Name of Applicant: _____
2. Mailing Address: _____
_____ (street) _____ (city) _____ (state) _____ (zip) _____ (phone)
3. Applicant is: Individual Partnership Corporation Other _____
4. Policy period: From _____ To _____
5. Insured's Operations are Located At: _____
_____ Sq. Ft. _____
6. Fully describe the Insured's Operations: _____

7. Describe special equipment used: _____
8. Full time staff: # _____ Part-time staff: # _____ Payroll: _____ Gross Sales: _____
9. Describe type of work subcontracted: _____

10. Percentage of work subcontracted: _____ % Cost: _____ Are certificates of insurance obtained?: _____
Do subcontractors carry limits of liability less than those of the applicant? _____
11. Years in business: _____ Prior Years experience in this type of work _____
12. Previous Carrier: _____ Policy Number: _____ Exp. Date: _____
If no coverage carried, explain: _____
13. Has coverage been cancelled or renewal refused? _____ If yes, explain: _____

14. Number of losses in last 3 years: _____ Explain: _____

15. Comments: _____

LIMITS OF LIABILITY REQUESTED

16. General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	
Minimum Earned Premium _____ % Deductible \$	

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Broker: _____ Code: _____ Phone No.: _____
Inspection Contact: _____ Phone No.: _____
Audit Contact: _____ Phone No.: _____

SIGNATURE: **X** _____ **X** _____
Applicant Broker

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.