INSPIRIEN INSURANCE COMPANY

P.O. Box 211359 Montgomery, Alabama 36121-1359 334-271-5515 / Fax: 334-270-831

COMMERCIAL GENERAL LIABILITY APPLICATION

Today's Date:

First Named Insured:

(Attach list with Retro Date of all other Named Insureds)

Effective Date:

Retro Date:

This is a Claims Made Policy

Expiration Date:

Deductible: (Indemnity and Defense)

Per Claim

Aggregate

LIMITS	
General Aggregate	\$3,000,000
Products & Completed Operations Aggregate	\$3,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (Any one fire)	\$50,000

Location	Classification	Premium Basis	Exposure
#			_
	Hospital	Square Footage	
	Psychiatric Institute	Square Footage	
	Clinic	Square Footage	
	Business Office	Square Footage	
	Office-Lessor Risk	Square Footage	
	Warehouse	Square Footage	
	Medical Office	Square Footage	
	Nursing Home	Square Footage	
	Vacant Land	Acres	
	Dwelling (1-4 Families)	#	
	Apartments	#	
	Medical Equipment Sales	Sales	
	Medical Rentals	Receipts	
	Cafeteria	Sales	
	Catering Service	Sales	
	Laundry Service	Sales	
	Engineers/Architects	Payroll	

Security	Payroll	
Pools	#	
Helicopter Landings	# Landings	
Construction Operations	Payroll	
Construction Operations	Receipts	

Please list each location and select the type of business performed or give brief description. Attach a separate sheet if needed. You can send a copy of your property schedule.

*Corporate Ownership	Complete Street Address	Business Description or Location Use	Is Building Leased to Another? (Y / N)	Type of Construction	Number of Stories	Sprinkler (Y / N)

*Corporate Ownership refers to which Named Insured the losses and responsibility for the exposure should be attributed to best meet your needs.

Legend:

Types of Construction (Can find on your Property Insurance)			
Frame	1		
Jointed Masonry	2		
Non-Combustible	3		
Masonry Non- Combustible	4		
Modified Fire Resistive	5		
Fire Resistive	6		

1.	Copy of sales brochure
2.	Any Joint Ventures: Y N Describe:
3.	Pool depth marked: Y N
4.	Diving Boards: Y N
5.	Sliding Boards: Y N
6.	Do you lease employees to or from anyone? If yes, explain
7.	List any additional insureds:
8.	Do you have any construction operations? Y N If yes, Explain:
9.	Use a Crane: Y N If Yes, Explain:
10.	Written Safety Policy: Y N
11.	Any hold harmless agreements:YNIf Yes, Please provide a copy.
12.	Does your hospital have a management contract to provide management services to other facilities?YNIf Yes, Please provide copy of contract.VN
13.	Does another facility provide management services to your hospital? Y N If Yes, Please provide a copy of contract.
14.	Social events sponsored: Y N If Yes, please describe:

Please answer the following questions or attach documents requested:

15.	Does your hospital own and/or operate a daycare service? own / operate	γ Υ	N		
	If operated by another organization, is a Certificate of Insurance required? Y N What limits are required and evidenced by a Certificate of Insurance?				
	Please provide the following information. Average daily Attendance. Ages accepted. Ratio of child to day care staff.				
	•	Y	Ν		
		Y	N		
	Do you conduct a background check(for criminal History and abuse/neglect at				
	minimum) on all day care staff?	Y	N		
	Is there a playground?	Ŷ	N		
	If Yes, Please attach list of Playground equipment.		·		
16.	Does your hospital own or operate a Wellness Center? Own / Operate	Y	Ν		
	If operated by another organization, is a Certificate of Insurance required?				
		Y	Ν		
	What limits are required and evidenced by a Certificate of Insurance?				

Please provide a 5 year company loss run.

Do you have any claim (s) or incidences that might reasonably develop into a claim that you have not reported to your insurance carrier? Yes No If yes, explain.

I understand that my premium is based on the information provided in this application. All answers are considered material. This application and any attachment(s) will be come part of the policy. Failure to disclose known information requested herein or misrepresenting information requested may result in denial of coverage and or voiding your policy. Any Person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Authorized Employee / Title

Date