

# 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:

Expiration Date:

Retro Date:

This is a Claims Made Policy

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

Please answer the following questions or attach documents requested:

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:    Y      N If Yes, Please provide a copy.
12.	Does your hospital have a management contract to provide management services to other facilities?    Y      N If Yes, Please provide copy of contract.
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:

