

SUPPLEMENTAL APPLICATION **BROAD FORM CGL**

□ BUSINESS GENERAL LIABILITY □ BUSINESS GENERAL LIABILTTY-EXTRA COVERAGE

DATE:

Name of Applicant and Address:

1. Does the applicant own or operate any other *business(es)* in addition to the *business(es)* described in the original application form? If applicable, please list and describe such *business(es)*.

2. Are *you* now in the process of purchasing a new *business* or do *you* contemplate doing so in the next year?

3. Does the company or organization hold any Christmas parties, picnics or outings at which alcoholic beverages are served? If so, how frequently? Give details:

4. Do *you* employ any security guards or bouncers in the course of *your business*?

- 5. Are you now involved in, or do you plan to enter, any contract where you assume responsibility for the other party to the contract? _____ If yes, explain: _____
- 6. Do you employ or contract with any nurses, dispensaries, infirmaries, doctors, etc., to provide services to employees or others? _____ If yes, explain: _____
- 7. Do *you* hire independent contractors to perform any services for *your business*? If yes, explain:
- 8. Do you have access to any watercraft or aircraft not owned by you or the company and used in the course of your business? _____ If yes, explain: _____
- 9. Does *your* company or organization do any advertising? ______ If yes, what type of advertising media is used:

10. Do *you* do any *business* outside the Continental United States? If yes, explain:

Agent:

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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.